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CITY OF WAKEFIELD



ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year

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CITY OF WAKEFIELD

Annual Report of the Medical Officer of Health for the year 1962

CORRIGENDA

Page 3, Second paragraph, line 1, for “page 10” read “page 13”.

Page 9, line 16, should read “Miss S. Ellis, S.R.N., S.C.M. (Part I),
H.V. CERT., DIP.H.E.”

Page 14, Still Births — Rate per 1,000 total births (live and still)
in England and Wales — 1962 — should read “18.0”.

Page 14, Infant Mortality — Infant deaths per 1,000 total live
births (England and Wales) — 1962 — should read “21.6”.

Page 28, Third paragraph, line 2, for “page 19” read “page 22”.

Page 30, Fourth paragraph, line 2, correct spelling “appropriate”.

Page 35, Second paragraph, line 4, correct spelling “served”.

Page 38, Fifth paragraph, last line, correct spelling “poliomyelitis”.

Page 40, Third paragraph, No. of Live Births in 12 months ended
30.6.62 — England and Wales — for “40,557” read “840,557”.

Page 59, Second paragraph, line 7, correct spelling “available”.

Page 65, Last column, heading should read “Grand Total”.



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PUBLIC HEALTH DEPARTMENT
TOWN HALL CHAMBERS
KING STREET
WAKEFIELD

August, 1963

*To the Mayor, Aldermen and Councillors
of the City of Wakefield.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report for 1962 — my twelfth — and I regret to say that I shall have the opportunity of presenting only three more.

Social and Statistical Information.

I would like to draw your attention to page 10, where details are given of the social conditions and the vital statistics relating to Wakefield.

The vital statistics reveal an interesting state of affairs, and show the trends of living habits of the citizens of Wakefield.

Live Births

This year there have been sixteen more legitimate live births than in 1961, and nineteen more illegitimate births. This increase in the number of illegitimate births is a disturbing trend, and points to increased promiscuity, and a study of the ages of the mothers indicates that it is amongst the younger generation that promiscuity is increasing.

The percentage of illegitimate live births is 6.45% of the total live births.

Still Births

The figures show a reduction in the number of still-births, which is pleasing, although, as in the two previous years, the number of illegitimate still-births has remained constant.

Infant Death Rate

You will note with satisfaction that the number of children who died under the age of one year is as low as it has ever been —

the number is 18 — and it is with some relief that I report that the neo-natal mortality rate is much lower.

Another satisfactory factor is that there were no maternal deaths this year.

Death Rate

The death rate is mentioned on page 17. It has not altered very much, although it shows a slight upward trend.

You will notice from Table I that the largest single cause of death in 1962 was heart and circulatory disorders.

Care of the Unmarried Mother and her Child

From the report on page 26 you will see that 52 women, of whom 13 were residents of the City of Wakefield, were referred to the Pontefract Moral Welfare Association. Of the 52, 43 were single. The ages of the single girls indicate the general trend of the incidence of young unmarried girls becoming mothers. No less than nine of the girls referred were only 16 years of age, or under.

Chiropody Service

The Chiropody Service continues to expand, and is taking an increasing amount of revenue from the rates.

For instance, we are now treating some 784 cases, as against 563 cases in 1961.

Health Education

Health Education has been pursued with vigour, and, as will be seen on page 48, we now have two Mothers' Clubs, one well-established and the other still in its infancy.

These Clubs meet fortnightly, in the evenings, and are proving of great benefit to the mothers of young children. Much health education is imparted at the evening meetings.

Venereal Disease

I would like to comment briefly on Venereal Disease.

On page 63 I have published the report of our V.D. Social Visitor.

According to the figures, the number of cases is increasing, particularly amongst the lower age group. On page 63 you will see, published for the first time, the ages of the patients attending

the special Diagnostic Clinic at Clayton Hospital for treatment or diagnosis, and you will note with dismay that in the age group 1 to 14 years there was one male and one female who required treatment. I am sure it will disturb you to note that there were 20 females aged between 15 and 19 years, and two males, who required treatment.

The situation warrants attention, and I am grateful to Dr. Burgess for giving me these figures, which I think bear out what I said in my 1958 Report, that there is an increasing amount of sexual experimentation and adventure amongst the young. In saying this I would also like to stress that the majority of young people at school and at work are decent, and do not behave in the manner which is reflected in the figures shown for venereal diseases and illegitimate births. During the year I have spoken fairly frequently to youth clubs, and I have been impressed by the quality and intelligence of the youngsters to whom I have spoken. The choice of questions asked concerning various matters about their own health, and their philosophical attitude, has been to me encouraging in the extreme. I can only hope that the climate of society will be such as to enable these very likeable youngsters to settle down and have happy, healthy families.

Food Handlers' Overalls

I have noticed lately that more and more persons who are employed as food-handlers, and who wear overalls, do not take off these overalls when they leave their place of work. Thus we see men and women walking through the streets, shopping, doing errands, etc., still wearing the overalls they wear at work.

These people have the mistaken idea that the overall is there to protect their clothes from getting dirty. The Food and Drugs Act does not say that. It says that persons dealing with and handling food must wear clean overalls. Why? Not to stop their own clothes from getting dirty, but to prevent their clothing contaminating the food. Who can say where our outdoor clothes have been? Who can say with what contaminated material they have come in contact? We travel to work on a bus. We meet and rub shoulders with all sorts and kinds of persons, and we do not know what kind of organisms lie on the clothes we wear.

Therefore it behoves all who handle food, who deal with food, to see that their clothes are covered with a clean overall, so that clothes and hands are less likely to spread contamination, and that these overalls are taken off before the wearer goes out to mix with the general public.

Staff

I would like to express my thanks publicly to my efficient and loyal staff, and I would single out two people in particular — Mr. Baume and Mr. Twyford — for the unstinting help they have given me over the past year. Mr. Baume has been a tower of strength to me in the administration of the clerical staff. Mr. Twyford has carried out some very hard work in his campaign for clean air, and I admire the work which he has done.

The clerical staff have worked most harmoniously together, as have the Health Visitors, the Midwives, and the Home Nurses.

We have passed through a somewhat difficult year as we have been without a Superintendent Nursing Officer, and Dr. J. M. Morfitt, my Deputy, left to take up the post of Medical Officer of Health, Spalding. We wish him much happiness in his new post.

My new Deputy is Dr. George Firth, and I have pleasure in welcoming him to the Department.

In spite of these rearrangements, the medical staff has performed a Herculean task in carrying out school inspections, immunisations, etc., and in visiting abnormal persons, particularly in connection with Section 47 of the National Assistance Act, which entitles the Medical Officer to apply to a Court for the removal from home to a hospital or other residence, an aged person who is mentally or physically ill, or is a nuisance to herself or to her neighbours, or some such condition which makes it imperative that she should be looked after. We had two such cases this year. To have to use Section 47 is repugnant to me, as I do not like to compel persons to enter homes or hospitals, if they do not want to go. But in some cases it is essential for their own good, and for the health and peace of mind of the neighbours.

Finally, I would like to thank the Committee, and particularly Alderman Boston, and the Deputy Chairman, Councillor Hutchings, for the kind and understanding way in which they have helped me with my difficulties, which have been many.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

C. G. K. THOMPSON,

Medical Officer of Health.

HEALTH COMMITTEE, 1962

Chairman: Alderman Leonard Boston, J.P.

Deputy Chairman: Councillor D. Hutchings

The Mayor, Alderman N. Hutchinson, J.P.

Alderman R. Wheeler, M.B.E., J.P.

Councillors Mrs. W. Alexander, H. Clark, J. Deen, W. H. Fish, H. S. Grainger, J. W. S. Howarth, F. H. Kilburn, R. K. McKim, Mrs. I. E. Senior, N. A. Smith, J. H. Taylor.

Non-Council Members:

Mrs. M. A. Howarth, Mr. W. Ives, Mrs. I. R. Stott.

Appointed upon nomination from other bodies:

Mr. C. R. Duffin, J.P., and Cr. J. H. Howarth, representing National Health Service Wakefield Executive Council.

Dr. J. D. Bottomley and Dr. A. M. R. Heron, representing Wakefield Local Medical Committee.

Alderman Mrs. E. H. Crowe, J.P., representing Hospital Management Committee No. 9, Wakefield "A" Group.

Mr. E. Corscadden, representing Hospital Management Committee No. 10, Wakefield "B" Group.

HEALTH DEPARTMENT STAFF, 1962

Medical Officer of Health and Principal School Medical Officer:—

CYRIL GEORGE KAY THOMPSON, M.B., CH.B., D.P.H.
Public Health Department, Town Hall Chambers,
King Street, Wakefield
Telephone No.: Office, Wakefield 2731
Telephone No.: Home, Wakefield 4691

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—

JOHN MATHER MORFITT, B.SC., M.B., CH.B., D.P.H., D.C.H.,
D.(OBST.)R.C.O.G. (Resigned 30.6.62)
GEORGE FIRTH, M.B., CH.B., D.P.H. (Commenced 1.8.62)

Assistant Medical Officer:—

D. MORTIMER, M.B., CH.B.

Principal School Dental Officer:—

R. E. WHITTAM, L.D.S., R.C.S.(Eng.)

Dental Officer to Ante-Natal Clinics (part-time):

A. V. D. BUTLER, L.D.S.

Public Analyst:

R. A. DALLEY, F.R.I.C.

Chest Physicians (part-time):—

J. K. SCOTT, M.B., M.R.C.P., D.P.H.
J. VINER, M.B., CH.B.

Chief Public Health Inspector:

W. B. TWYFORD, (a), (b), (c)

Deputy Chief Public Health Inspector:—

R. SHARP, (a), (b), (c)

District Public Health Inspectors:—

G. HEPWORTH (a), (b)
R. MURGATROYD (a), (b)
D. NEWTON (a), (Appointed 24.5.62)
S. S. SPURR (a), (b)
J. A. WINTERBURN (a), (b)

Trainee Public Health Inspectors:

J. R. GRACE

F. W. HICK (Commenced 8.8.62)

D. NEWTON (to 23.5.62)

- (a) Certificate of the Royal Society of Health for Inspectors of Meat and other Foods.
- (b) Certificate of R.S.H. and S.I.E. Joint Board.
- (c) Certificate of the Royal Society of Health for Smoke Inspectors.

Superintendent Nursing Officer and Superintendent Midwife:

Miss M. P. BRAMLEY, S.R.N., S.C.M., H.V.CERT., Queen's Nurse
(Resigned 25.2.62)

Health Visiting Staff:

Senior Health Visitor: Miss S. R. PEARSON, S.R.N., S.C.M.,
H.V.CERT.

Miss M. COCKELL, S.R.N., S.C.M., H.V.CERT. (From 18.7.62)

Miss S. ELLIS, S.R.N., (PART I) S.C.M., H.V.CERT., DIP. H.E.,
(Commenced 10.7.61)

Mrs. E. N. EVANS, S.R.N., S.C.M., H.V.CERT. (Resigned 30.6.62)

Mrs. A. INMAN, S.R.N., S.C.M., (PART I) H.V.CERT.
(Commenced 19.11.62)

Mrs. F. KEARNEY, S.R.N., S.C.M. (PART I), H.V.CERT.

Mrs. B. M. PRASHER, S.R.N., S.C.M., H.V.CERT. (From 18.7.62)

Mrs. N. REDFEARN, S.R.N., S.C.M., H.V.CERT.

Miss E. G. STABLES, S.R.N., S.C.M., H.V.CERT. (From 14.9.62)

Mrs. M. TOPLIS, S.R.N., S.C.M., H.V.CERT.

Mrs. A. WARD, S.R.N., S.C.M., H.V.CERT.

Assistant Health Visitors:

Miss M. COCKELL, S.R.N., S.C.M. (To 17.7.62)

Mrs. E. GOTHORP, S.R.N., S.C.M., Queen's Nurse
(Resigned 17.11.62)

Mrs. M. P. A. MARSTON, S.R.N., S.C.M. (Commenced 14.5.62)

Mrs. B. M. PRASHER, S.R.N., S.C.M. (To 17.7.62)

Miss E. G. STABLES, S.R.N., S.C.M. (To 13.9.62)

Home Nurses:

Senior: Mrs. E. WILBY, S.R.N., S.C.M., Queen's Nurse

Full Time:

Miss L. G. BATTAMS, S.R.N., S.C.M., Queen's Nurse
 Mrs. M. E. DARLINGTON, S.R.N., S.C.M., Queen's Nurse.
 Mrs. M. J. FOX, S.R.N., S.C.M., Queen's Nurse
 (Commenced 1.10.62)
 Mrs. D. HARPIN, S.R.N., Queen's Nurse
 Mrs. M. J. KNEE, S.R.N. (Commenced 15.1.62)
 Miss P. A. LEADBEATER, O.N.C., S.C.M. (Commenced 17.9.62)
 Mrs. I. F. LESLIE, S.R.N., S.C.M.
 Miss S. R. LEVERTON, O.N.C., S.R.N.
 Mrs. M. PAYNE, S.R.N., Queen's Nurse (Resigned 14.1.62)
 Mrs. J. E. SOWERBY, S.R.N. (Resigned 4.8.62)
 Mrs. J. TAYLOR, S.R.N. Queen's Nurse

Part-time:

Mrs. H. HARROP, S.E.N.
 Mrs. E. HOLLAND, S.R.N., Queen's Nurse

Municipal Midwives:

Miss I. M. AKESTER, S.R.N., S.C.M.
 Mrs. B. CROWTHER, S.R.N., S.C.M.
 Mrs. V. HALL, S.C.M.
 Mrs. B. HARRISON, S.C.M.
 Miss S. JONES, S.R.N., S.C.M. (Commenced 7.5.62)
 Miss I. LESSONS, S.R.N., S.C.M.
 Mrs. M. L. MITCHELL, S.C.M.

School Clinic Nurse:

Mrs. N. V. PARKINSON, S.R.N.

Matron, Burneytops Day Nursery: Miss E. MOSLEY, S.R.N., R.F.N.

Physiotherapist: Mrs. R. JONES, M.CH.SOC.PH.

Dental Attendant: Mrs. B. WARD

Domestic Help Organiser: Miss M. Driver (From 1st Jan., 1962)

Venereal Diseases Social Worker (part-time):

Mrs. E. W. COHEN, S.R.N., S.C.M., H.V.CERT., Queen's Nurse

Supervisor, Junior Training Centre:

Mrs. P. M. VOGLER

Ambulance Officer: R. HUNT

Assistant Ambulance Officer: A. E. COLLINGS (Resigned 14.10.62)
M. G. MOUNTAIN (From 24.10.62)

Mental Welfare Officers:

J. P. GRAINGER, S.R.N., R.M.P.A.—Senior
(Commenced 22.10.62)

J. B. GRACEY, R.M.N., R.M.D.N.—Senior (Resigned 31.8.62)

T. PERRINS, R.M.D.N., R.M.P.A.

Trainee Mental Welfare Officer:

Miss P. A. GOULDING

Clerical Staff:—

Chief Clerk and Relief Mental Welfare Officer:

G. F. BAUME

Assistant Chief Clerk: E. MORTON (Resigned 18.2.62)
J. CHARLESWORTH (Commenced 12.3.62)

School Health Service Clerk:

Mrs. D. WOOD

Senior Female Clerk: Mrs. P. WOOD, A.S.T.C.

Clerks:

Mrs. F. APPS (Commenced 12.2.62)

Miss A. ARMITAGE

G. S. COWGILL (Commenced 26.11.62)

A. L. CURTIS

Mrs. J. CUNNINGHAM

Mrs. S. E. DILLEY (Resigned 13.8.62)

Miss B. HARVEY

Miss P. A. HILTON (Commenced 10.9.62)

Miss M. HODGSON

Miss C. INCE (Commenced 29.10.62)

Mrs. S. LAWTON

G. MOUNTAIN (To 23.10.62)

Mrs. E. MOUTREY

Mrs. V. SATTERSFITT

Miss A. SHAW

Mrs. P. A. THORNDYKE

M. WALKER (Resigned 20.10.62)

PART I

SOCIAL AND STATISTICAL INFORMATION

SOCIAL CONDITIONS

VITAL STATISTICS

PART I

SOCIAL AND STATISTICAL INFORMATION

1. Area of County Borough	5,801 acres
2. Population (a) Census 1951	60,038
(b) Registrar General	
Mid-Year 1962	60,560
3. Number of inhabited houses at 31.3.62	19,057
4. Density of Population	10.4 per acre
5. Rateable value at 1.4.62	£851,478
6. Product of a penny rate 1961/62	
(a) Gross	£3,501
(b) Net	£3,459

SOCIAL CONDITIONS

Wakefield is very favourably placed as an industrial centre situated as it is in the heart of the West Riding of Yorkshire and the Yorkshire Coalfield; and is served by two main railway lines running roughly north and south and east and west. Wakefield is readily accessible to the A.1 and the London-Yorkshire Motorway will eventually touch the City boundary on its way to Leeds, and the planned new motorway west from Hull will join this between Leeds and Wakefield. In addition there is available an up-to-date waterway system by which goods may be quickly and efficiently carried to and from the Humber ports.

Some 81 different industries operate in Wakefield, which is undoubtedly unique for a town of its size, and this diversity of industry is a welcome guarantee for the future.

VITAL STATISTICS

Live Births				1962	1961	1960
Legitimate—	Male			467	462	475
	Female			447	436	412
Illegitimate—	Male			32	21	23
	Female			31	23	24
Total				977	945	934
Birth rate per 1,000 population				16.1	15.6	15.6
Birth rate adjusted by application of comparability factor				16.8	16.2	16.2
Birth rate per 1,000 population (England and Wales)				18.0	17.4	17.1
Illegitimate live births per cent. of Total live births				6.45%	4.67%	5.03%

Still Births				1962	1961	1960
Legitimate—	Male			11	13	10
	Female			5	9	7
Illegitimate—	Male			2	1	2
	Female			—	1	—
Total ..				18	24	19
Rate per 1,000 total births (live and still)				18.1	24.8	19.9
Rate per 1,000 total births (live and still) in England and Wales				—	18.7	19.7
Total live and still births ..				995	966	953
Infant Mortality						
Infant deaths under 1 year of age				18	21	28
Total infant deaths per 1,000 total live births				18.4	22.3	30.0
Legitimate infant deaths per 1,000 legitimate live births				17.5	20.0	28.2
Illegitimate infant deaths per 1,000 illegitimate live births ..				31.8	68.2	63.8
Infant deaths per 1,000 total live births (England and Wales) ..				—	21.4	21.7
Neo-Natal Mortality						
Deaths under 4 weeks per 1,000 total live births				11.3	18.0	20.3
Deaths under 1 week per 1,000 total live births				9.0	15.9	19.3
Perinatal Mortality						
Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths				27.1	40.4	38.8
Maternal Mortality (including Abortion)						
Number of Deaths				—	—	1
Rate per 1,000 total live and stillbirths				—	—	1.0

Analysis of Infant Deaths (up to 1 year of age)

Of the 977 live births during 1962, 18 infants died before their first birthday, and of these 11 died within 28 days. The cause and age at death of these babies is shown in the following table:—

CAUSE OF DEATH	TIME OF DEATH									
	Up to 7 days	8-14 days	15-21 days	22-28 days	Total under 1 month	1-3 months	4-6 months	7-9 months	10-12 months	Total under 1 year
Congenital Malformation Cerebral Haemorrhage	—	—	1	—	1	—	2	—	—	3
Gastro-Enteritis ..	2	—	—	—	2	—	—	—	—	2
Pneumonia and Atelectasis ..	—	—	—	—	—	—	1	—	1	2
Haemorrhagic Disease of the Newborn ..	1	—	—	1	2	1	1	—	—	4
Meningitis ..	—	—	—	—	—	—	—	—	—	—
Accidental Suffocation ..	—	—	—	—	—	—	1	—	—	1
Prematurity ..	6	—	—	—	6	—	—	—	—	6
Totals ..	9	—	1	1	11	1	5	—	1	18

The Fate of Premature Babies Born in the Year 1962 to Mothers Normally Resident in Wakefield City

Total adjusted notified live births . . 977

Number of live premature births . . 59

Percentage of premature live births to total live births . . 5.9%

Weight Group lbs.	No. of live Premature births		Number Dying					Number Sur- viving over 28 days		Percentage survival		Overall Percent- age Sur- vival
			First Week	8-14 days	Over 14 days to 28 days							
	Born in hos- pital	Born at home				1	2	3	4	5	6		7
										Born in hos- pital	Born at home	
Over 5 lb. up to and inc. 5½ lb.	17	10	—	—	—				17	10	100%	100%
Over 4½ lb. up to and inc. 5 lb.	6	9	—	—	—				6	9	100%	100%
Over 4 lb. up to and inc. 4½ lb.	5	Nil	—	—	—				5	—	N/A	100%
Over 3½ lb. up to and inc. 4 lb.	4	1	1						3	1	75%	100%
Over 3 lb. up to and inc. 3½ lb.	3	Nil	2						1		67%	67%
Over 2½ lb. up to and inc. 3 lb.	1	Nil							1		100%	100%
Over 2 lb. up to and inc. 2½ lb.	1	Nil	1						—		N/A	—
Over 1½ lb. up to and inc. 2 lb.	2	Nil	2						—		N/A	—
1½ lb. and under	Nil	Nil	Nil	Nil	Nil				N/A	N/A	N/A	N/A
	39	20	4	2	—				33	20	84.6%	89.8%

Deaths	1962	1961	1960
Males	403	420	389
Females	422	363	422
Crude death rate per 1,000 population	13.6	12.9	13.6
Death rate adjusted by application of comparability factor ..	14.0	13.1	13.9
Death rate per 1,000 population (England and Wales)	11.9	12.1	11.5

A detailed statement of the number of deaths attributable to each of the causes is shown in Table I. The age group at death, sex, is also shown in this table.

A brief summary of these deaths according to a generalised classification is as follows:—

<i>Classification</i>	1962	1961	1960
Tuberculosis (all sites)	5	4	3
All other infectious conditions ..	2	3	4
Diseases of the respiratory system	121	135	87
Heart and circulatory system ..	442	398	446
Cancer	113	142	142
All other causes	142	101	129

TABLE I
CAUSES OF DEATH, 1962.

Causes of Death				Totals	Age Distribution.															
					Under 1 year		1—4		5—14		15—24		25—44		45—64		65—74		75—up	
					M.	F.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Tuberculosis, Respiratory	....	....	5	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—	1
2.	Tuberculosis, Other	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	Syphilitic Disease....	....	....	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
4.	Diphtheria	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6.	Meningococcal Infections	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7.	Acute Poliomyelitis	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8.	Measles	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9.	Other Infective and Parasitic Diseases	....	....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
10.	Malignant Neoplasm, Stomach	....	....	19	—	—	—	—	—	—	—	1	6	1	1	5	2	3	—	—
11.	Malignant Neoplasm, Lung, Bronchus	....	....	29	—	—	—	—	—	—	—	1	15	2	6	4	1	—	—	—
12.	Malignant Neoplasm, Breast	....	....	5	—	—	—	—	—	—	—	—	—	2	—	3	—	—	—	—
13.	Malignant Neoplasm, Uterus	....	....	6	—	—	—	—	—	—	—	1	—	2	—	2	—	1	—	—
14.	Other Malignant & Lymphatic Neoplasms	....	....	51	—	—	—	—	—	—	—	2	2	7	9	7	9	6	9	—
15.	Leukaemia, Aleukaemia	....	....	3	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—
16.	Diabetes	....	....	3	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—
17.	Vascular Lesions of Nervous System	....	....	104	—	—	—	—	—	—	—	2	9	9	16	22	21	25	—	—
18.	Coronary Disease, Angina	....	....	167	—	—	—	—	—	—	—	1	40	13	45	25	21	22	—	—
19.	Hypertension with Heart Disease	....	....	21	—	—	—	—	—	—	—	1	1	4	2	3	3	7	—	—
20.	Other Heart Disease	....	....	119	—	—	—	—	—	—	—	1	7	10	7	12	23	59	—	—
21.	Other Circulatory Diseases	....	....	31	—	—	—	—	—	—	—	—	—	2	1	7	3	7	11	—
22.	Influenza	....	....	4	—	1	—	—	—	—	—	—	—	1	—	—	1	1	—	—
23.	Pneumonia	....	....	59	1	1	—	—	—	—	—	—	—	3	6	6	9	8	25	—
24.	Bronchitis	....	....	55	—	—	—	—	—	—	—	1	1	10	2	18	4	13	6	—
25.	Other Diseases of Respiratory System	....	....	3	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—
26.	Ulcer of Stomach and Duodenum	....	....	8	—	—	—	—	—	—	—	—	—	1	2	2	1	1	1	—
27.	Gastritis, Enteritis and Diarrhoea	....	....	5	2	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—
28.	Nephritis and Nephrosis	....	....	8	—	—	—	—	—	—	—	1	1	2	—	2	1	1	—	—
29.	Hyperplasia of Prostate	....	....	9	—	—	—	—	—	—	—	—	—	—	2	—	7	—	—	—
30.	Pregnancy, Childbirth and Abortion	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31.	Congenital Malformations	....	....	4	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—
32.	Other Defined and Ill-Defined Diseases	....	....	61	7	3	1	—	—	—	1	—	3	5	12	5	8	5	11	—
33.	Motor Vehicle Accidents....	....	....	7	—	—	—	—	—	—	3	2	1	1	—	—	—	—	—	—
34.	All Other Accidents	....	....	32	—	1	—	1	—	2	—	4	1	2	2	1	4	5	9	—
35.	Suicide	....	....	5	—	—	—	—	—	—	—	1	2	—	2	—	—	—	—	—
36.	Homicide and Operations of War	....	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals				825	11	7	1	—	1	—	2	4	12	20	118	81	132	118	126	192

PART II

PERSONAL HEALTH SERVICES

National Health Service Act, 1946

Section 21 Health Centres

- „ 22 Care of Mothers and Young Children
- „ 23 Midwifery Service
- „ 24 Health Visiting
- „ 25 Home Nursing
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PART II

PERSONAL HEALTH SERVICES

National Health Service Act, 1946

HEALTH CENTRES (Section 21)

No progress was made during 1962 in the provision of Health Centres.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ante-Natal and Post-Natal Care

Ante-Natal Clinics for the care of domiciliary patients are held at four Child Welfare Centres:—

The Principal Child Welfare Centre: Each Friday Afternoon.
The Clinic, 68 Batley Road: Alternate Friday afternoons.
Hall Road Clinic, Lupset Estate: Alternate Friday afternoons.
Kettlethorpe Community Centre, Standbridge Lane: Alternate Wednesday afternoons.

At these Centres expectant mothers are examined by the Domiciliary Midwives who become familiar with their cases. A doctor attends a special Ante-Natal Clinic at The Cliffe, on Wednesday mornings to take blood specimens for pathological examinations. Although this arrangement involves mothers having to journey from all parts of the City to a central point, there has been no complaint. The scheme has resulted in a considerable saving of the time of the medical staff who previously attended each clinic for this purpose.

The number of expectant mothers who attended the Midwives' sessions during 1962 was 595, of whom 484 were new cases, and they made a total number of attendances of 2,192.

Expectant mothers who booked for a hospital confinement attended the Out-Patients Department of the Maternity Hospitals. There has been no demand for post-natal examinations at our clinics for the past two years, and I can only assume that these examinations are now being carried out by the general practitioners undertaking obstetric work.

Child Welfare

A summary of the attendances at the various clinics is shown in the following table:—

	Batley Road	Boston	The Cliffe	East-moor	Many-gates	Snape-thorpe	Total
1. Day of Clinic (Afternoons weekly)	Thurs.	Thurs.	Mon. & Thurs.	Tues.	Tues.	Wed.	
2. No. of children who first attended a centre during the year, and who, at their first attendance were under 1 year of age ..	95	106	204	66	122	120	713
3. No. of children who attended during the year and who were born in:—							
1962	80	91	205	66	102	101	645
1961	94	76	296	79	115	75	735
1960-57	146	69	120	43	103	112	593
4. Total No. of children who attended during the year	320	236	621	188	320	288	1973
5. No. of attendances during the year made by children who at the date of attendance were:—							
0 - 1 year	1607	1177	2578	1151	1647	1311	9471
1 - 2 years	417	241	370	135	470	256	1889
2 - 5 years	393	180	397	122	480	316	1888
6. Total attendances during the year.. .. .	2417	1598	3345	1408	2597	1883	13248

Relaxation and Mothercraft Classes

The practice, commenced in 1960, of using the branch clinics instead of concentrating the activities at the Principal Clinic, continued with a remarkable success during 1962. Mrs. R. Jones, Physiotherapist, attended all four Centres at which ante-natal clinics were held for the purpose of conducting relaxation classes for expectant mothers. A total of 146 expectant mothers as compared with 111 in 1961 attended the Clinic on 811 occasions, and a further 66 attendances were made by others.

The Health Visitors at the Margaret Street and Snapethorpe Clinics attended their clinics on the same afternoon as relaxation classes are held for the purpose of giving instruction in mothercraft. This takes the form of film strip shows and discussions on various aspects of mothercraft with particular emphasis on the relationship between the Health Visitor and Midwife so as to build up the confidence of the expectant mother in the public health team.

Ante-natal clinics and relaxation classes with mothercraft classes where these take place are as follows:

<i>Centre</i>	<i>Clinic</i>	<i>Day</i>	<i>Time</i>	
The Cliffe, Margaret Street	Ante-Natal	Friday	Fortnightly	2-4
	Relaxation & M'craft	Friday	Weekly	2-4
Hall Road, Snapethorpe	Ante-Natal	Friday	Fortnightly	2-4
	Relaxation & M'craft	Tuesday	Weekly	2-4
68 Batley Road	Ante-Natal	Friday	Fortnightly	2-4
Kettlethorpe	Ante-Natal	Wednesday	Fortnightly	2-4
Community Centre	Relaxation	Monday	Weekly	2-4

Child Welfare Clinics

In my view the City's population is reasonably well served by child welfare clinics. Infant welfare clinics are held twice weekly at the Principal Child Welfare Centre, and weekly clinics take place at five other centres situated in the outlying parts of the City. The Health Committee has always been alive to the need of having clinics situated where the masses of population live, and as long ago as 1920 the number of clinics in the City was six.

There are those who question the value of child welfare clinics. Some consider that large attendances are used merely as a reason by mothers to obtain national dried milk and proprietary branded baby foods at a cheaper rate than they can be purchased in chemists' shops. So far as the City's clinics are concerned National Dried Milk is freely available, but the range of other baby foods is

very restricted. I am convinced that the appropriate place for them is in chemists' shops, and child welfare clinics should not be used for this type of sale. The emphasis which used to be placed on weighing baby is no longer considered important, and the value of child welfare clinics should now be gauged by the success by which Health Visitors can make use of their time by propagating health education.

Now that the establishment is eleven, two Health Visitors attend each clinic session and the time of one of them is available for health education. Use is made of posters, talks, discussions and film strips to groups of mothers. The table on the previous page shows the number of attendances at each of the City's clinics.

“Children at Risk”

It is known that rubella, haemorrhage and X-ray examination in the first three months of pregnancy all tend to increase the liability of the child to defects such as deafness, mental sub-normality and blindness. Similarly children under five and a half pounds weighed at birth are more susceptible to risk than babies of average weight, whilst unduly prolonged and difficult labour, asphyxia at birth can result in brain damage.

Babies in any of these categories, even though appearing normal, are being kept under strict observation by the medical and nursing staff and other screening tests of their hearing are arranged at the child welfare clinics and their developmental progress is closely followed up by the Doctors at the child welfare clinics. By these means it is hoped to reduce the incidence of serious handicap, mental or physical, as the child grows older by arranging remedial treatment as early as possible in the child's life.

Distribution of Welfare Foods

Since taking over responsibility for the distribution of Welfare Foods from the Ministry of Food it has been the aim that no person will have very far to go to obtain dried milk and vitamins. To this end a clerk attends the clinics each week on specific days to distribute the Welfare Foods.

The following amounts were issued during 1962 and 1961:—

			1962	1961
National Dried Milk	..	..	9,131	9,566
Cod Liver Oil	..	..	954	2,210
Vitamin Tablets	..	..	1,619	2,614
Orange Juice	..	..	9,901	15,166

In addition 628 tins of Dried Milk and 462 bottles of orange juice were issued direct to the Hospitals and Day Nursery.

Care of Premature Babies

Arrangements exist with the Regional Hospital Board for the emergency admission of prematurely born infants to a premature baby unit at the Manygates Hospital. An emergency "flying squad" based on the Manygates Hospital serves Wakefield and District. In addition an "Oxygenaire" portable incubator is stored and maintained for constant readiness at the Ambulance Depot and used for the transportation from home to hospital of any premature or young baby.

There were 59 premature live births during 1962. 39 were babies born in hospitals and 20 were born at home. Of the 20 born at home all survived, but of the 39 born in hospital 4 died within 24 hours of birth and 2 others died before the 28th day of life.

In addition, there was a total of 9 premature stillbirths — 6 in hospital and 3 at home.

A comparison with the two previous years is as follows:

		1962	1961	1960
Total premature live births	..	59	64	67
Died within 24 hours	.. ..	4	9	11
Died within 28 days	.. ..	2	1	4
Survived 28 days	.. ..	53	54	52

Burneytops Day Nursery

The Day Nursery continues to provide an excellent service, caring for those children under the age of 5 years whose mothers go out to work and for a number of children who are admitted on medical advice.

Of the children attending the Nursery, a full charge of 7s. 6d. a day is made in respect of approximately 75 per cent, whilst an assessed sum based on family income is charged for the remainder.

The average daily attendance varies from 25 to 35 children. The parents can leave their children knowing that they will soon settle down, be comfortable and happy under the expert care of the staff.

Children have the benefit of regular meals and rest, and have plenty of space for playing both inside the Nursery and outside in the private gardens. Many of them improve physically and their parents often remark on the improvement in their general behaviour.

Whilst most of the children attending the Nursery have a normal home background, in quite a number of cases the mother is the sole supporter of her child.

The children at the Nursery have individual attention, and they attain a certain degree of independence: for example the older ones learn to put on their outdoor clothes without assistance, and to cope with buttons and buckles. Yet because they live a communal life (and some of them spend about 45 hours a week at Burneytops) they usually settle down very quickly and well when they leave to go to the infants' schools.

Orthopaedic Clinic and Ultra-Violet Light Treatment

No children under the age of 5 years were referred during 1962 to either the orthopaedic clinic or the ultra-violet light clinic. All children seen during the year at these clinics were of school age.

Summary of Dental Treatment of Expectant and Nursing Mothers and Children under School Age during 1962

Dental treatment of expectant and nursing mothers is undertaken by Mr. A. V. D. Butler, L.D.S., who is employed on a sessional basis, whilst dental treatment of pre-school children is carried out by Mr. R. E. Whittam, L.D.S. R.C.S.(Eng.), Principal School Dental Officer, at the Dental Clinic, The Cliffe, Margaret Street, Wakefield. They were engaged on this work for eight half-day sessions during the year.

Mr. Whittam has kindly submitted the following report on this aspect of his work.

During the year there was a reduction in the number of expectant and nursing mothers attending for treatment. I believe this is due to the fact that expectant and nursing mothers can now have free dentures supplied under the National Health Service, and are probably attending local dentists working within the National Health Service. Previously local authorities were the only source for providing free dentures, excepting cases suffering from financial hardship. The number of pre-school children attending for treatment is rather low, and I am only too pleased to attend to any pre-school child who may be referred to me by Health Visitors or Doctors. Investigations I have carried out on children first entering school reveal that on average between 4 and 5 of the deciduous dentition are either decayed, missing or filled — the majority being decayed.

I feel that if children attend a dentist from the age of three years there could be an improvement in the position, as four teeth filled would be much better than four teeth decayed.

(a) Numbers provided with dental care:

			<i>Expectant and Nursing Mothers</i>	<i>Children under the age of five years</i>
Number examined..	..	..	14	25
Needing treatment..	..	..	14	16
Number treated ..	..	..	14	16
Number made dentally fit		..	12	16

(b) Forms of dental treatment provided:

			<i>Expectant and Nursing Mothers</i>	<i>Children under the age of five years</i>
Scaling and Gum Treatment	..		1	—
Fillings .. .. .	..	..	12	9
Silver Nitrate Treatment	..	..	1	—
Crowns or Inlays ..	..	..	—	—
Extractions .. .. .	..	..	79	33
General Anaesthetics	..	..	15	14
Dentures provided:				
Full Upper or Lower	..	..	7	—
Partial Upper or Lower	..	..	3	7
Radiographs .. .. .	..	..	—	—

Nursing Homes

One maternity home is registered under the Public Health Act, 1936. This home was inspected during the year, and the premises and staffing were found to be satisfactory.

Care of Unmarried Mothers and their Children

The Wakefield Corporation make an annual contribution to the Pontefract and Wakefield Deaneries Moral Welfare Association, under whose auspices The Haven, at Pontefract, a home for unmarried mothers and their children, is maintained. Unmarried mothers from the City of Wakefield are normally admitted to this Home to receive care and attention, although on occasions it is necessary to use the Homes of other organisations, voluntary and religious. In April, 1962, the Council agreed to accept financial responsibility for the maintenance of the mother whilst in the home for periods of six weeks before and seven weeks after the confinement as compared with periods of four weeks and four weeks as existed before the alteration. Any contribution which the

girl is able to make reduces the amount of the Corporation's liability.

During 1962 the Corporation accepted financial responsibility for seven unmarried girls.

The following report has been submitted by Miss P. G. Westwood, B.A., Organising Secretary to the Pontefract and Wakefield Deaneries Moral Welfare Association and relates to the activities of the Association during 1962:

During the year 52 people were referred to the Pontefract and Wakefield Moral Welfare Association Case Worker, of whom thirteen lived in the City of Wakefield, and the others in the West Riding area.

Of this number, 43 were single girls and 6 were married women expecting or having had illegitimate babies, and three were the fathers of babies whom we were asked to contact. The ages of the single girls indicate the general trend of the increasing incidence of young girls becoming unmarried mothers.

Nine were 16 years and under.

Twenty-eight were between 17 and 20 years, so only six, therefore, were 21 years or over and of an age to marry without other people's consent.

It has been very unfortunate that during this period when the need for helping young people is so urgent, that the Haven Mother and Baby Home had to close in summer because of the illness of Miss Thorpe, the Superintendent (it has not yet been possible to re-open it) and that the Association was not able to have a full-time Moral Welfare Worker — again owing to the shortage of workers available. We are grateful to the Mother and Baby Homes in Halifax and Huddersfield who have helped some of our girls.

On the 31st December, 1962, the position of the mothers and babies was as follows:—

Single Girls

43 (of whom 12 were admitted to Mother and Baby Homes).

11 mothers were in their parent's home with baby.

2 mothers were in lodgings with baby.

1 mother and her baby with relatives.

3 girls married.

6 babies were placed for adoption.

2 babies were placed with foster parents.

1 baby was stillborn.

15 were expectant mothers.

2 decisions not yet made as to baby's future.

MIDWIFERY (Section 23)

For an efficient domiciliary midwifery service a close working relationship is essential between the general practitioner and midwife. This co-operation I feel is particularly harmonious in the City, and is being further fostered by several of the midwives attending three general practitioners' ante-natal clinics as well as those run by the Local Authority. This practice I hope will continue to develop as opportunities arise.

We were again fortunate in having a full establishment of seven whole time Midwives for the greater part of the year. Six of them have been approved to undertake Part II district training and ten pupil midwives took the last three months of their training with the Authority.

The Relaxation Clinic for expectant mothers, mentioned more fully on page 19 operated at four child welfare clinics. Mrs. Jones, the Physiotherapist, has considerably developed this activity and the number of expectant mothers who attended was greater than ever before.

In accordance with the rules of the Central Midwives' Board, refresher courses were arranged in July at Sheffield and September at Leeds.

During the year 23 midwives notified their intention to practise, seven are employed by the Local Health Authority, one acts in a private capacity and the remainder practise at the two maternity hospitals — Manygates Hospital and the General Hospital.

The number of confinements attended by the Domiciliary Midwives and the proportion of hospital and domiciliary births of residents is given below. Domiciliary confinements during 1962 numbered 509 and were 56 higher than during 1961.

The number of domiciliary live births was 524 which is the highest for very many years, whilst hospital births of residents fell from 505 in 1961 to 466 in 1962. This is the first time since the National Health Service Act came into operation that there has been a higher proportion of live babies delivered at home (53 per cent) than in hospital (47 per cent).

The policy governing the admission of maternity cases to hospital for confinement has remained essentially the same during the past decade. Where there are medical grounds for a hospital confinement, the patient is referred to the hospital direct by her

medical practitioner. Applications concerning normal patients are sent to the Health Department for enquiries to be made to determine whether the patient (a) should be admitted for social reasons, or (b) desires hospital confinement but could be adequately accommodated at home if necessary. The number of beds in the Manygates Maternity Hospital available to expectant mothers to be admitted on social grounds is eight per calendar month, but of 188 requests for beds on social grounds received in the Department during 1962 only 86 could be approved for a hospital booking.

The Ministry of Health in 1956 set up a Committee "to review the present organisation of the maternity services in England and Wales, to consider what should be their content and to make recommendations". This Committee under the chairmanship of the Earl of Cranbrooke published its report in 1959 and one of its recommendations was that over the country as a whole there should be sufficient maternity beds to allow an average of 70 per cent institutional confinements, with the assumption that the normal period of stay in hospital after delivery would be ten days.

The Leeds Regional Hospital Board in its plans for hospital capital developments published in May, 1961 has accepted the recommendation of the Cranbrooke Committee with regard to 70 per cent institutional confinements, and considered that in order to meet the requirements of this recommendation there would need to be a considerable development of the service in some areas, and due regard had been paid to these priorities in its programme — or would be introduced in the programme when reviewed in 1962. The Board accepted in its programme that the present maternity provision in Wakefield was inadequate and a scheme had been approved for the development of Manygates Hospital and included in the first five year programme. The intention of this scheme is to increase the number of beds in Manygates from 35 to 104 so that the catchment area will serve an estimated population of 135,000 persons. The Board hope that the scheme will be completed by the beginning of 1966.

It is my firm hope that the Leeds Regional Hospital Board will be in a position to press forward with this scheme and complete it as planned so that those expectant mothers in Wakefield who wish for a hospital confinement can have the same free choice as is already given in other parts of the country. I have held the view for many years that it is wrong for an expectant mother to suffer from anxiety during her pregnancy, and though the domiciliary midwifery service is an admirable one and the staff are excellent nurses, the expectant mother should be freed from all anxieties at that time.

Confinements

Details of cases attended by the domiciliary midwives during 1962 were as follows:—

(a) Doctor Not Booked:—

Doctor present at the time of delivery of the child ..	—
Doctor not present at the time of delivery of the child	6

(b) Doctor Booked:—

Doctor present at the time of delivery of the child (either doctor booked or another)	57
Doctor not present at the time of delivery of the child	446

Total	509
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(c) Number of deliveries by midwife in private practice .. 4

(d) Number of deliveries by midwives in the City's Maternity Hospitals 1649

Grand Total	2162
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The proportion of domiciliary and hospital births of residents were:—

			<i>Domiciliary</i>	<i>Hospital</i>	<i>Total</i>
Number	524	466	990		
Percentage	53%	47%	100%		

Medical Aid

Medical aid was summoned by the domiciliary midwives in accordance with the provisions of Section 14(1) of the Midwives Act, 1951, as follows:—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service.. .. .	15
(ii) Others	2

Inhalational Analgesics

All the domiciliary midwives are qualified to administer inhalational analgesics and each is provided with the appropriate apparatus. Gas and air analgesics were administered in 420 cases by the domiciliary midwives and pethedine was administered in 298 cases — a very high proportion of the domiciliary cases attended.

I am strongly opposed to the indiscriminate use of pethedine. The World Health Organisation class this drug as being as dangerous as morphia. I have therefore with great reluctance and misgiving permitted the use of pethedine by midwives only under the aegis and written prescription of the general practitioner attending.

HEALTH VISITING SERVICE (Section 24)

The establishment at the beginning of 1962 was eleven Health Visitors who are also School Nurses and Tuberculosis Visitors, but of these, three were attending full-time training courses at Leeds University. They qualified in July and September, 1962, and at the close of the year there were eight full-time Health Visitors and two part-time, and another Assistant commenced a full-time course at Leeds in October. In numbers we are in a more favourable position than for many years.

I am asked by the Ministry of Health to report in detail on arrangements for Health Visitors to work with particular general medical practitioners or groups of practitioners. I spoke of this type of scheme in my report for 1961 and stated that: "In my view the attachment of a Health Visitor to work as nurse/social worker in conjunction with a particular general medical practitioner or group of practitioners is a natural advancement in the ever-widening spheres of activity which is expected today of a Health Visitor. If general practitioners and local health authorities had accepted the concept of health centres and restrictions, monetary and otherwise, and had permitted their erection, then general practitioners, dentists, public health nurses and medical officers could have met and worked together without any artificial barriers. Unfortunately this has not been the case, except in a very few areas.

"The City of Wakefield is compact and the majority of general practitioners have patients on their lists living both within and outside the City. Similarly many general practitioners practising outside the City have patients within its boundaries. I consider this to be about the greatest obstacle to the introduction of a scheme of attaching a Health Visitor to one or more general practitioners, particularly in view of the current staff shortages, and the very important factor that they are not provided with cars, but have to rely on public transport."

Nevertheless serious thought and discussion took place towards the end of 1962 between me and the Local Wakefield Medical Committee following the receipt by that Committee of a letter from the General Medical Services Committee in London.

The letter drew attention to a resolution passed by the Annual Representative Meeting of the Associations in July, 1962, strongly supporting the policy of attaching Health Visitors, District Nurses and Midwives to general practices. I have prepared a scheme which I submitted to the Wakefield Local Medical Committee at the end of 1962 but, at the time of writing this scheme is still under consideration by the local body of general practitioners.

Visits by Health Visitors

The number of visits made by Health Visitors during 1962 as compared with those of the previous year are as follows:—

	1962	1961
Children under 5 years visited during the year	2785	2827
Children under 1 year of age:		
First Visits	956	905
Total Visits	4049	2853
Children between 1 and 2 years of age:		
Total Visits	2589	2691
Children between 2 and 5 years of age:		
Total Visits	3399	2701
Expectant Mothers:		
First Visits	211	254
Total Visits	364	387
Other cases visited	1356	1451
Tuberculosis Households — Total Visits	149	305
Total number of households visited ..	1673	2325
Ineffectual Visits	2061	1842
Attendances at Clinics	869	682

The Follow-up of Patients Discharged from Hospitals

There is excellent co-ordination between almoners and nursing staff of hospitals situated in the City and the Department for Health Visitors to follow up cases discharged from hospitals. This is mainly confined to geriatrics and mental patients, but on occasions requests are received from the orthopaedic hospital, particularly when a physically handicapped patient is being discharged. In the case of geriatrics, the Consultant to the Group of geriatric hospitals serving the City notifies all discharges to enable Health Visitors to pay initial and subsequent visits to determine their after-care and to give them an opportunity of deciding whether the home help service and meals on wheels service should be recommended.

Additionally Health Visitors paid 108 special visits to report on patients for whom a bed had been requested in a geriatric hospital. The nature of these visits is to provide the Consultant Geriatrician with a clear picture of the patient's home environments so that he can more easily assess the urgency for admission, having been provided with the patient's physical needs by the general medical practitioner.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

(Ministry of Health Circular 78/50)

Prevention of Break-up of Families, Circular 27/54

The co-ordinated service which is offered to problem families as a result of the discussions by the Co-ordinating Committee continues to prove beneficial to those families who for a variety of reasons, such as physical and mental ill-health, marital problems, and financial difficulties, do not seem able to attain or maintain an adequate standard of living.

The "Children Neglected or Ill-treated in their own Homes Co-ordinating Committee" met once during the year and discussed approximately 13 such families. As a result of these meetings appropriate action has been taken by the people most closely connected with the cases.

The Committee has the following membership:

- The Health Department (all sections)
- The Children's Department
- Probation Department
- Welfare Department
- Police Department
- Education Department
- City Treasurer
- Ministry of Labour
- National Assistance Board
- Council of Social Service
- National Society for the Prevention of Cruelty to Children
- Psychiatric Social Worker
- Educational Psychologist
- Soldiers', Sailors' and Airmen's Families Association
- Women's Voluntary Service

Illegitimate Children

During 1962 there were 63 illegitimate births in the City. Special attention continues to be paid to such children by the health visiting staff to ensure that they receive the maximum care during the early part of their lives.

HOME NURSING SERVICE (Section 25)

At the end of 1962 the staff consisted of 9 full-time and 2 part-time Nurses, identical to the staffing position at the end of 1961. The Health Committee continued the scheme of arranging for newly-appointed staff to attend a course of training with a view to obtaining recognition as a Queen's Nurse, and a further member of the staff in July, 1962, was awarded the National Certificate of the Ministry of Health and the Diploma of the Queen's Institute of District Nursing. The number of Queen's trained nurses on the staff at the end of the year was seven.

The Home Nurses carry out their duties magnificently. There is no doubt that they are of invaluable assistance to General Practitioners and are welcome in the homes of the majority of their patients, particularly the elderly. To some extent they consider themselves a forgotten branch of the Public Health team, a situation largely brought about by the fact that they commence their duties each morning before the majority of the staff of the Department commence work and seldom return to the Department until after the staff have vacated it. In an attempt to overcome this feeling I had several meetings with them during the year so as to keep them fully acquainted with the development of activities within the Department.

The visits and cases attended by the home nurses during 1962 are as follows:

	<i>No. of Individual Patients</i>	<i>No. of visits paid to these Patients</i>
(1) Medical	574	23,616
(2) Surgical	181	3,436
(3) Infectious Diseases	—	—
(4) Tuberculosis	13	396
(5) Maternal Complications	8	46
(6) Others	11	132
	<hr/> 787 <hr/>	<hr/> 27,626 <hr/>
(7) Patients aged 65 years and over at the time of their first visit during the year	454	17,461
(8) Children aged under 5 at the time of their first visit during the year ..	61	562
(9) Patients who had more than 24 visits during the year	243	22,064

VACCINATION AND IMMUNISATION (Section 26)

During the autumn of 1961 the Ministry of Health issued Circular 26/61 which enclosed a memorandum prepared on the basis of advice received by the Minister from the Standing Medical Advisory Committee. It was stated in that memorandum that it was possible to provide protection against several infectious diseases in early life by active immunisation and there had recently been considerable debate as to the most satisfactory timing of the different immunising procedures. In that context therefore considerations were of particular importance:

- (1) The greatest possible measure of immunity should be provided against each particular disease.
- (2) There should be the least risk of causing harmful reactions or complications, and in particular of inducing provocation poliomyelitis.
- (3) The number of injections given to the child and the number of visits necessary should be as low as possible. It was considered that no single schedule could fully meet all these considerations and that two alternative schedules to be known as P and Q were different attempts to reach a compromise.

After fully considering the implications of the two schedules with my medical staff I decided that the Department's activities in connection with vaccination and immunisation could best be served by introducing the timetable as set out in Schedule P. This became standard practice in the authority's clinics and the schedule is as set out below:

<i>Age</i>	<i>Visit</i>	<i>Vaccine</i>	<i>Injection</i>	<i>Interval</i>
1 to 6 months	1	Diphtheria pertussis, tetanus 1	1	4 to 6 weeks
	2	Diphtheria pertussis, tetanus 2	2	4 to 6 weeks
	3	Diphtheria pertussis,	3	
7 to 10	„ 4	Poliomyelitis 1 (oral)	4	4 weeks
	5	Poliomyelitis 2	5	4 weeks
	6	Poliomyelitis 3	6	
18 to 21	„ 7	Diphtheria pertussis, tetanus 4	7	

Small pox during first 2 years but preferably at 12 months.

School Entry Poliomyelitis 4,
Diphtheria, tetanus

Vaccination against Smallpox

The number of persons vaccinated or re-vaccinated during 1962 were as follows:—

<i>Age at date of Immunisation</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5-14 years</i>	<i>15 yrs. and over</i>	<i>Total</i>
Number vaccinated	506	110	279	853	1215	2963
Number re- vaccinated	—	4	44	396	1625	2069

It will be observed that the total number of persons vaccinated or re-vaccinated during 1962 was 5,032 compared with a total of 630 during the previous year. This great increase was due entirely to the smallpox outbreak in Bradford during January, 1962. Following the receipt of a communication from the Ministry of Health dated 12th January concerning a third importation of smallpox into this country into the Bradford area, there was a considerable build-up in enquiries to the Department about smallpox vaccination. I, in common with my colleagues in other authorities, decided that the method of control should be by the so-called “ring vaccination technique”, that is by ensuring that there is a ring of immune persons around every contact before he or she reaches the end of the presumptive incubation period. This concentration of effort on contacts is recognised as the only effective way of controlling and outbreak of smallpox with the maximum speed and the minimum inconvenience to the public at large, and has the fullest support of (he Chief Medical Officer of the Ministry of Health. Consequently I did everyting possible to discourage indiscriminate mass vaccination, and the success of the ring vaccination technique in this area was clearly evident. Nevertheless it was necessary to vaccinate certain staffs in the priority groups, and a session was arranged for all staff in the Health Department to be vaccinated on the 15th January, and during that week I also held special sessions for the vaccination of personnel employed by the West Riding Automobile Company who normally go in and out of Bradford in the course of their duties.

There were no cases in Wakefield, although I was duly informed of two possible contacts as follows:

(1) A school boy was a passenger on the train from Swansea to Birmingham on Sunday the 14th, and on this train had travelled a man who was subsequently diagnosed as having smallpox. I therefore made arrangements for this boy to be excluded from school and for his parents, sister and girl friend to be vaccinated. He developed no symptoms.

(2) A driver of a lorry delivering coal delivered a load to the Oakwell Isolation Hospital on Friday, the 12th January. I was subsequently informed of this by the Medical Officer of Health, Batley. I consequently considered it necessary to exclude the driver from employment under the powers given to me under Section 41(1) of the Public Health Act, 1961. The exclusion commenced on the morning of the 23rd January to the evening of the 30th January. As a result of this action, which had been discussed with the Chairman, it was necessary to pay compensation so that a sum of £9 14s. 7d. amounting to the difference between his average net wage and his entitlement to sickness benefit was paid to him by the City Treasurer.

Owing to the very large uptake of vaccination it was necessary to ask for a supplementary estimate of £1,365 in respect of estimated additional expenditure during the financial year ended 31st March, 1962, and at the same time I submitted suggestions for modifying the Council's approved proposals under Section 26 of the National Health Service Act, 1946, so as to provide that the fees paid to general practitioners for supplying records of smallpox vaccinations should be paid only in respect of persons aged 15 years and under. The suggested modification to the Council's proposals were duly accepted by the Minister and came into operation on the 6th October, 1962.

Immunisation against Diphtheria

During the year primary immunisations and reinforcing injections against diphtheria were carried out for children in the following age groups:

<i>Children born in Years</i>	<i>No. who completed a full course of Primary Immunisation</i>	<i>No. who received a secondary (reinforcing) Injection</i>
1962	253	—
1961	338	3
1960	20	15
1959	14	24
1958	29	172
1953-1957	87	440
1948-1952	1	2
	<hr/>	<hr/>
Totals	742	656
	<hr/>	<hr/>

The number of children immunised did not compare as favourably during 1962 as with the previous year, but in 1961 the Department did a drive which was not repeated during 1962 because of the greater need to provide protection against Polio-myelitis.

Immunisation against Whooping Cough

I commented in my last Annual Report that notifications against Whooping Cough during the preceding years had shown a most spectacular downward trend which was inevitable due to the rising level of prophylactic immunisation against Whooping Cough. I am very pleased to record that no cases of Whooping Cough were notified during 1962. This is very encouraging when it is remembered that immunisation against Whooping Cough commenced in the City in 1952 and during the two years 1952 and 1953 a total of 344 cases were notified.

A total of 645 children were immunised against Whooping Cough in 1962 as follows:

<i>Children Born in Years</i>	<i>No. of Children who completed a Primary Course</i>
1962	253
1961	337
1960	20
1959	13
1958	8
1953-1957	14
1948-1952	—
	<hr/>
Total	645
	<hr/>

Vaccination against Poliomyelitis

The Minister of Health, on the 24th October, 1961, announced his intention of making live oral vaccine available for immunisation against poliomyelitis. Before making this announcement, he had been advised by the Joint Committee on Poliomyelitis Vaccine, that the live oral vaccine prepared from strains developed by Dr. A. B. Sabin, was safe and reliable. Each batch of vaccine is subjected to the most stringent safety tests by both the makers, and the Medical Research Council, before being issued.

The Sabin Oral vaccine had been used extensively throughout the world, and more than 400 million doses had been administered, with no ill-effects.

How Sabin Oral Vaccine differs from the Salk Vaccine

As its name implies, the Sabin vaccine is given by mouth, in a lump of sugar, or a spoonful of syrup — unlike the Salk which has to be injected. The Salk vaccine is a preparation of dead poliovirus particles. While it confers some immunity, this takes months to develop. A person who has had a full course of Salk vaccine may not develop the poliomyelitis disease, but can still carry the

poliovirus in the bowel, and spread it in the community. This was the reason why I had serious misgivings about the use of the Salk Vaccine.

I have no such misgivings about the Sabin oral vaccine. This is a preparation of living virus, modified so as not to cause illness or paralysis. It confers strong immunity quickly — within about a week. What is even more important, the vaccine virus multiplies in the bowel, and prevents the person ever acting as a carrier of the virulent polio virus. This means that the chain of transmission of polio can be broken, and that we are within sight of complete elimination of the disease. To bring this about, at least 70 per cent of children under five years of age will need to be given the vaccine, as it is these very young children who are the most important spreaders of the polio virus.

I commenced using Salk vaccine in clinics in April, 1962, but whilst it is easy to administer, the uptake by the general public has been very disappointing. An indication of the number of persons who have received completed courses during 1962 is shown in the following table.

					<i>Primary Immunisation</i>	
					<i>Salk Vaccine</i>	<i>Oral Vaccine</i>
Children born in 1962	..	..	..	—	86	
Children born in 1961	..	..	..	103	284	
Children and Young Persons born in						
the years 1943-1960	..	..	..	87	384	
Persons born in years 1933-1942			..	24	72	
Others	..	..	..	52	159	
					266	985

The total number of persons residing in the City of Wakefield who have received a primary course of vaccination against poliomyelitis since the inception of the scheme in 1957 is 18,940.

Vaccination against Tuberculosis

The Chest Physicians employed by the Regional Hospital Board continue to vaccinate contacts of persons suffering from Tuberculosis.

The B.C.G. Vaccination Scheme involving school children continued, and is made available to all over the age of 10 years and to students attending further educational establishments.

The co-operation between the Director of Education and the Head Teachers of the Secondary Schools in the City is sought and it is largely due to their energy that the response to B.C.G. vaccination has been so good.

The Heaf Test is used and is virtually painless. 1,316 children were tested and 26 per cent of these children gave a positive reaction showing that they had at some time been exposed to tuberculosis infection. Negative readings were obtained from 972 children, and all were given B.C.G. vaccination.

Immunisation and Vaccination Statistics

Until 1961 each local health authority compiled its own statistical data concerning the degree of immunity to specific diseases conferred upon individuals in selected age groups. The methods employed to obtain this information differed. The Statistics Branch of the Ministry of Health decided in 1961 to produce this information on a national basis from identical returns submitted by each local health authority. The results therefore are standardised and permit better comparison between authorities.

The percentage of persons vaccinated by the 31st December, 1962, was as follows:—

	<i>Wakefield C.B.</i>	<i>England & Wales</i>
	%	%
1. Smallpox — Under 1 ..	65	70
2. Whooping Cough.. ..	62	66
3. Poliomyelitis — Under 19 ..	73	83
4. Diphtheria — Age 0 - 4 ..	62	67
5. Diphtheria — Age 0 - 14 ..	58	54
6. No. of Live Births in 12 months ended 30.6.62 ..	977	40,557

NOTES

1. Smallpox figures are calculated from the number of children under 1 year of age vaccinated during 1962, expressed as a percentage of the live births during the 12 months ended 30th June, 1962.
2. Whooping cough figures are the total number of children born in 1961 or 1962 and vaccinated during 1962 expressed as a percentage of the live births during the 12 months ended 30th June, 1962.
3. Poliomyelitis figures are percentages of persons born in years 1944-1962 who have been vaccinated since vaccination started.
4. Diphtheria figures are the percentages of the under 5 and under 15 population estimated to have been immunised during the years 1958-1962.

AMBULANCE SERVICE (Section 27)

Premises

The service continued to operate from the condemned and thoroughly unsatisfactory building in York Street. No major repairs have been carried out for some years, and cleaning and toilet facilities are extremely poor. Only two electric bulbs illuminate the garage at night causing the parking of vehicles to be a precarious business: bumps and scrapes being the rule rather than the exception. When all the vehicles are parked inside there is a great fire risk as none can be got out in reasonable time.

The need for premises is acute and requires urgent attention. therefore, it is with great pleasure that at the time of writing the Corporation has given the green light to the erection of a new ambulance depot combined with a mortuary and disinfestation centre, and it is hoped that these new premises will be ready for occupation towards the end of 1963.

Staff

There was no change in the establishment of staff in the Ambulance Section during the year which remains at one Ambulance Officer, an Assistant Ambulance Officer, a Clerk/Telephonist, 19 Driver/Attendants and one Mechanic.

The post of Assistant Ambulance Officer became vacant in November owing to the resignation of Mr. A. E. Collings who obtained the post of Deputy Chief Ambulance Officer, Kingston-Upon-Hull. The post was subsequently filled by the promotion of Mr. G. Mountain who was the Clerk/Telephonist.

200 working days were lost by the Drivers owing to sickness compared with 126 days in the previous year.

Details of Patients Conveyed

The figures relating to the work of the Ambulance Service showed a slight increase of 166 in the number of patients carried from 42,612 in 1961, to 42,778 in 1962.

There was a slight rise in the mileage covered by the Service from 126,212 in 1961 to 128,218 in 1962, an increase of 2,006 miles. 1,400 miles can be accounted for in the transport of two leprosy cases to a London Hospital and two cases for the Prison Authorities to Broadmoor Hospital.

Transport of one patient on a long distance journey occupies one vehicle and crew for the whole of the working day, and this, coupled with the extra work of taking paraplegia patients home for 'weekend leave', results in the day-to-day out-patient work sometimes suffering.

Long distance journeys undertaken were as follows:

Broadmoor Hospital, Berks (2); Withernsea (8); London (4); and one visit to Exeter, Skegness, Hucknell, Conway, Wales and Newcastle.

The average miles per patient showed little change, 2.96 in 1961 against 2.97 in 1962.

Calls of an emergency nature rose from 1,596 in 1961, to 1,754 in 1962, an increase of 158. The use of Radio Telephony has now become indispensable in order to cope with these calls and the varied demands now placed upon the Service.

Vehicle Maintenance Workshop

The system of preventive maintenance was continued during the year with satisfactory results.

A total of 618 work jobs were recorded as completed during the year.

The work carried out throughout the year is indicated in the following table.

<i>Department</i>	<i>No. of Vehicles Serviced</i>	<i>Man hours spent on Vehicles</i>		
		<i>Mechanic</i>	<i>Assistant</i>	<i>Total</i>
Health (Ambulance)	11	910	616	1526
Home Nursing (Cars, cycles, etc.)	15	62	58	120
Health Van	1	34	30	64
Sanitary Section	1	36	26	62
Education	2	103	73	176
Parks	12	261	190	451
W.V.S.	1	12	16	28
Cemetery	2	61	53	114
Waterworks	20	263	131	394
Welfare	1	24	23	47
Civil Defence	2	22	21	43
Totals—1962	68	1788	1237	3025
1961	67	1721	1790	3511

A summary showing the number of patients conveyed and the mileage each month during 1962 is shown in the Table which follows:—

MONTH	Number of patients conveyed			Number of journeys		Mileage						Emergency Calls
	Ambulance Str.	By Ambulance Sitting	By Cars	Amb.	Cars	Amb.	Cars	Wesley Hall	Stan-ley Royd	Other	Rail	
January	435	248	3195	266	508	4267	5858	727	424	486	18	158
February	406	244	2805	257	497	3861	4691	844	365	603	—	153
March..	383	225	3081	265	517	4281	5530	781	385	650	290	133
April ..	428	171	2675	244	485	4000	4447	550	277	623	467	142
May ..	449	169	3143	257	553	3610	5161	862	410	522	230	153
June ..	428	214	2557	224	438	3733	4433	574	288	615	65	122
July ..	460	205	3485	241	518	3702	5111	843	402	438	109	139
August	347	146	1317	224	443	2828	5547	—	247	322	219	143
September	365	258	3237	234	462	4488	5436	873	360	359	40	118
October	444	209	3444	262	376	3680	5673	775	420	502	380	165
November	367	187	4041	219	284	2743	6392	582	405	305	370	145
December	385	124	2501	236	251	3069	5547	419	296	408	—	183
Totals	4897	2400	35481	2929	5332	44262	63826	7830	4279	5833	2188	1754
Patients conveyed during 1962	..			..	42,778	Total mileage during 1962 ..						128,218
Patients conveyed during 1961	..			..	42,612	Total mileage during 1961 ..						126,212

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

(This section of the National Health Service Act overlaps the provisions of all the other sections previously mentioned, and also Section 51 — Mental Health Service.)

Prevention of Tuberculosis and the After-Care of Tuberculosis Patients

Matters affecting the care and after-care of tuberculosis patients is dealt with by a sub-committee of the Health Committee which the Chest Physician attends when matters affecting patients are being discussed.

The Health Visitors are also visitors to tuberculous households and attend the Chest Physician's Clinic as social workers for the Chest Physician in matters of after-care.

Free milk is supplied to patients suffering from Tuberculosis on the recommendation of the Chest Physician.

The Corporation has a number of houses reserved for the re-housing of patients suffering from Tuberculosis whose accommodation is unsatisfactory. During the year one patient and his family were re-housed.

The Health Visiting, Nursing and Home Help staff visit and give advice and nursing and domestic help for patients being treated in their own homes. Visits paid can be seen in the tables under Sections 24, 25 and 29.

A report on Tuberculosis (B.C.G.) Vaccination is included in Section 26.

Convalescent Home Treatment

The Corporation provides convalescent home treatment, usually for a period of two weeks, for those persons who are considered to be in need of a rest and are unable to meet the cost themselves. Convalescent Home Treatment is provided only on a doctor's recommendation, and the family income is taken into consideration in arriving at the charge to be borne by the recipient. During 1962, two persons benefited from the scheme.

Visit of Mass Radiography Unit to Wakefield

The Mass Miniature Radiography Unit carried out a survey in November, 1962, and the Unit was stationed at The Cliffe, Margaret Street. The Medical Director of the Unit has very kindly supplied information concerning attendances and the results of the findings, and these are summarised on the following page:—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Number examined by 35 mm. Film ..	1316	1273	2589
Number previously examined	978	815	1793
Per cent. previously examined.. ..	74	64	69

Number Examined by Age Groups

14 and under	—	—	—
15 - 24	267	473	740
25 - 34	342	250	592
35 - 44	317	254	571
45 - 59	338	247	585
60 and over	52	49	101
Totals	1316	1273	2589

Numbers examined by groups (as per Annual Return)

General Group — Public Sessions ..	254	347	601
Industrial	370	346	716
Special Groups—			
Teachers	37	62	99
L.G.O.'s including Health Visitors ..	580	328	908
H.M.C. Staff — administrative and nursing	75	162	237
H.M. Borstal Inmates	—	28	28
Grand Totals	1316	1273	2589

Numbers of Large Film Recalls ..	8	12	20
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Cases of Tuberculosis

Referred to Chest Physician, presumed active	1	1	2
Referred to Chest Physician, presumed inactive	1	2	3
Referred to patient's own doctor ..	—	—	—
Inactive, no further action required ..	—	—	—

Other Abnormalities

Referred to Chest Physician, for further observation	1	1	2
Referred to patient's own doctor . .	1	1	2
Abnormal but no further action required	—	—	—

Laundry Service

The laundry service for the elderly, bedridden patient, which commenced in August, 1959, has continued fairly satisfactorily during 1962.

Sheets, pyjamas, nightdresses and men's pyjamas have been purchased and are issued to patients for use. When soiled they are brought into the Health Department and exchanged for a clean set. The soiled articles are sluiced and rinsed and delivered to the Baths Department for laundering and ironing and then returned to the Health Department for re-issue. The average number of patients benefiting from this service at any one time is small, averaging between 6 and 8. It is hoped, however, that 1963 will see a considerable expansion of this service owing to the Health Committee's approval to purchase modern sluicing equipment.

Chiropody Service

The Chiropody Service, which commenced in April, 1960, provides four treatments per year free of charge to approved patients in the priority groups as follows:

- (1) Men over the age of 65 years and women over the age of 60 years.
- (2) The physically handicapped.
- (3) Expectant mothers.

The greatest difficulty to the administration of this scheme has been that when it commenced in 1960 only one Chiropodist practising in the City was qualified in accordance with the National Health Service (Medical Auxillaries) Regulations, 1954. Consequently the Council decided that this Chiropodist should attend to domiciliary patients, and those approved cases who previously attended him privately. The remainder of the patients are channelled through the Wakefield Council of Social Service who act as agents for the Council and, where possible, they attempt to see that the patient is directed to those Chiropodists who may have provided treatment previously by private arrangement.

The City Council decided that no charge should fall on the patient, and from the 1st April, 1962, as a result of the agreement reached by the Professional and Technical Whitley Council "A"

have been paying a fee of 7s. 6d. per patient for each treatment given at the Chiropodist's surgery or to the Wakefield Council of Social Service for services provided by them on behalf of the Corporation. Payment for domiciliary treatments continues at 12s. 6d. per treatment.

The Provisions Supplementary to Medicine Act, 1960, have set up a registration board and all practising Chiropodists are required to be registered by 30th June, 1963. It is hoped that this Act will do much to provide a universally recognised standard of professional conduct and competence, but until the state registers come into operation we must continue the existing arrangements which are working extremely well and, to repeat what I have stated in my past two Annual Reports, much of the credit for the success of this scheme has been due to the untiring efforts of the Secretary and her staff of the Wakefield Council of Social Service.

The number of persons approved for treatment during 1962 compared with the number approved for treatment in the preceding year was as follows:—

	<i>Domiciliary Cases</i>		<i>Other Cases</i>	
	1962	1961	1962	1961
Number of Patients authorised to receive treatment—				
(a) Aged Persons	63	41	784	563
(b) The Physically Handi- capped	5	7	27	21
(c) Expectant mothers ..	—	—	1	1

Domiciliary Service for Diabetics

Dr. R. Fletcher, Consultant Physician, is in charge of the Diabetic Clinic, which is held every Monday morning at Clayton Hospital, Wakefield. Attending this Clinic is Mrs. A. Ward, a Diabetic Visitor, who is also a Health Visitor on my staff.

This direct liaison between the Hospital and the Public Health Department is admirable, and has many advantages for both the patients and the domiciliary nursing services.

All new cases of diabetes are seen at this clinic by the Diabetic Visitor who instructs and advises them in the procedure of treatment. This involves the understanding of the diet, the necessary steps taken for urine testing, the giving of insulin injections and the adjustment to social life in general.

Further visits are paid to the patients' homes, to help to overcome any difficulties that present themselves to the patient. All

help and advice given is gratefully received, and in time the patient is able to accept the disability with courage and cheerfulness.

During 1962 there were about 55 new cases in the City who attended Dr. Fletcher's Clinic.

We are very much indebted to Sister Raggatt and her staff for all the help and services rendered.

Loan Equipment

A number of articles of nursing equipment which consists of such things as wheel-chairs, bed-pans, urinals, air rings, beds, lifting poles, Dunlopillo mattresses, rubber sheeting, etc., are available for issue from the Public Health Department to persons being nursed in their own homes. These items are lent free of charge to necessitous cases.

As mentioned under the respective sections care and after-care of the sick is a duty performed by the Home Nursing and Domestic Help Services. The calls made by General Practitioners for the services of a Home Nurse remains constantly high.

The prevention of illness, care and after-care extends to the sick in mind as well as the bodily sick, and I feel sure that the nursing and health visiting staff are doing much by example, advice and care in alleviating the suffering of the aged and sick in their homes.

Health Education

Health Visitors have pursued their duties as health educators in homes, Welfare Centres and Clinics.

Wide use has been made of film strips to mothers in Infant Welfare Clinics and to expectant mothers in mothercraft sessions.

The messages conveyed by poster displays have been emphasised in these Clinics by the Health Visitor using them as a basis for "small group" discussions. This ensures that the message is effectively put across. The same procedure has been used occasionally during school medicals for the benefit of both mothers and children, and it is hoped to make wider use of this method in future.

Mothercraft is taught at all Clinics in conjunction with relaxation.

We now have two Mothers' Clubs — one well established and one new. Meetings are held fortnightly at the Alverthorpe Clinic and now at Margatet Street Clinic. Activities include discussion,

film shows on health subjects, and speakers include Probation Officers, Prison Officers, a Forensic Medicine expert, General Practitioners and myself. There is of course a social side to the clubs, i.e., Children's Xmas Party and a visit to the pantomime, an annual dinner and visits to light industrial undertakings making items for the home and a visit to a local authority's children's home.

Two Health Visitors are responsible for health education in schools to adolescent girls.

Posters and leaflets issued by the Central Council for Health Education have been displayed and distributed widely within the City, and copies of the *Better Health* journal are distributed monthly at Clinics.

The subjects of two recent poster campaigns have been "Home Safety" and "Anti-Cigarette smoking". Posters were sent to **Headteachers** of all Secondary Schools who were asked to **display them**. The results are very questionable, but my medical staff **do pursue** the matter of smoking during the medical examination of school children.

In February, 1962, I sent a letter to all organisations in the City informing them that members of the Department's staff would be willing to address meetings of their members on any aspect of the work of the Department. A number of these organisations accepted my offer, and a list of organisations and the subjects chosen was as follows:

<i>Date</i>	<i>Organisation</i>	<i>Subject</i>
15.3.62	Soroptomist Club, Wakefield	"Clean Air Act and Smoke Control Procedure"
15.5.62	Lupset Aged Persons Club Council of Social Service Batley Road Child Welfare Centre Catholic Women's Association	"Home Help Service" "Clean Air" "Clean Air" "Home Safety"
19.7.62	Townswomen's Guild	"Health Visiting"
26.7.62	Rotary Club of Wakefield	"Work of Public Health Inspectors"
10.7.62	West Riding Discussion Group, Express Dairy	"Work of Public Health Inspectors"
24.9.62	Grove Road Women's Own	"Clean Air"
14.9.62	Townswomen's Guild	"Clean Air"

20.9.62	St. Swithun's Church	"Clean Air"
25.9.62	St. John's Church	"Clean Air"
26.9.62	St. Swithun's Young Wives' Club	"Clean Air"
18.9.62	Business and Professional Women's Club	"Clean Air"
12.11.62	"Expectant" Fathers	"Birth of a baby"
14.11.62	Blood Donor Committee	"Work of a Health Visitor"

DOMESTIC HELP SERVICE (Section 29)

This service continued to work smoothly and efficiently, although the demand for the service expressed in terms of cases on the register was slightly lower than in the previous year.

Analysis of Cases Helped

	1962	1961
Confinement cases	22	34
Sickness in the home	34	89
Cases discharged from hospital	68	77
Aged and chronic sick	424	375
Blind persons	13	17
Tuberculosis	—	1
Problem families	13	10
Sitter-up service	3	4
	<hr/> 577 <hr/>	<hr/> 607 <hr/>

The Home Help Organiser and her Assistants paid 1,489 visits to householders, as compared with 935 in the previous year.

The visiting of householders and the supervision of home helps at their place of employment is of great importance, as it is the only way to assess the number of hours required per week and also to ensure that the home help is undertaking her various tasks satisfactorily. The increased visiting during the year therefore helped to overcome the problem of having to slightly contract the

service owing to the limitation imposed in financial estimates and ensured that the 10 per cent decrease in work hours was distributed as evenly as possible with the minimum of difficulty to the householder.

The number of Home Helps employed on 31st December, 1962, was 72, of whom 7 were full-time and 65 part-time. They worked an aggregate of $80,886\frac{1}{4}$ hours compared to $90,378\frac{1}{4}$ in 1961, equivalent to a 10 per cent decrease.

Charges for the service to the user are levied on an income basis, and of the 577 households which benefited from the services of a Home Help:

115 paid at the full rate

67 paid an assessed charge

395 paid a minimum charge of 6s. 6d. per week.

A contributory factor to the reduced number of applicants for home help was the increased charge to those able to pay for home help at the full economic rate. Presumably these applicants of whom many would be expectant mothers and other short term cases were able to make arrangements privately and so enable home help to be used to the advantage of the elderly house-bound person who forms the bulk of all applicants on the register. The majority of these householders are in receipt of supplementary old age pensions and therefore pay the minimum charge of 6s. 6d. per week regardless of the number of home help hours of service they receive.

PART III

THE MENTAL HEALTH SERVICES

The Mental Health Act, 1959

The National Health Service Act, 1946 — Section 51

*“Tis not enough to help the feeble up,
but to support him after”. — SHAKESPEARE*

The concept behind the dry subject matter contained in the Mental Health Act of 1959 is clearly illustrated in the quotation given above. The essence of the approach to the provision, treatment and after-care of psychiatric patients is “support”, and it is in this sphere that the forces of the Local Health Authority have been marshalled. The health visitor is coming to be recognised more and more as a valuable member of the team and I have come to rely on her as a means of preventing a break down in health of members of a family, because she will be the first on the scene and by her training has unique opportunities of observing danger signs. She can offer help and assistance either individually or by calling in another member of the team or supportive voluntary assistance in an attempt to bolster up the attitudes of the individuals’ personal problems.

The role of Mental Welfare Officer has changed considerably in the past three years and bears little relationship to that of his predecessor, the Duly Authorised Officer who, in many instances combined those duties with that of Welfare Officer under the National Assistance Act. The Mental Welfare Officer in practically all cases involving the compulsory admission of a patient to hospital is called upon to act on behalf of the patient’s nearest relatives. It is he who is asked by the Consultant in charge of the patient to provide social history reports concerning the patient, but what is more important it is he who is responsible for the after-care of the patient when discharged from hospital. Many patients come to rely on the advice, assistance and encouragement of the Mental Welfare Officer who is anxious to assist in their rehabilitation so that the patient can again take his place within society.

The City Council, in its ten year plan for the development of the Health and Welfare Services, published in 1962, gave considerable attention to the needs of the mentally ill and mentally subnormal persons. It is essential to reflect the speed at which the new mental health services have moved in the space of the last three years. Certainly they have travelled further in such a short space of time than any other services administered by the Depart-

ment. At the time of writing my Annual Report for 1961 I stated that a new combined Junior and Adult Training Centre was nearing completion. The Centre was completed in November, 1962, but as it did not come into use until January, 1963, I propose to defer commenting on the scheme until next year. The City Council in the Plan envisages the erection of hostels for mentally ill and mentally sub-normal persons.

Preventative and After-Care Services

This aspect of the service continues to function satisfactorily. Mental Welfare Officers are under constant pressure from General Practitioners, Consultants and other agencies for assistance and supervision for their cases.

The number of patients admitted for treatment or long periods of observation has halved, admissions for short periods of observation have doubled, informal admissions remain unchanged. Of course there may be many informal admissions of which the Local Authority is unaware due to the fact that Mental Welfare Officers may not have been involved in the admission, and no after-care is sought on discharge. Help and advice is still given willingly to people who seek help, even if they are not psychiatric cases. Co-operation with other Social agencies, official and voluntary, is of a high degree.

Liaison with Hospitals

The close liaison which has been built up between the Local Authority Officers and the hospital staff has been carefully nurtured and grown strong, and Mental Welfare Officers have free access to the hospitals and to the patients in hospital. Requests from Consultants to Mental Welfare Officers for assistance in placing ex-patients in suitable employment are increasing. There are also many requests to assist in finding accommodation for these people and the Mental Welfare Officers have been particularly successful in finding employment for them.

Psychiatric Out-Patient Clinic

The Senior Mental Welfare Officer and either the Mental Welfare Officer or the Trainee attend the Out-Patient Clinic every week. Here the officers of the City deal with both City and West Riding cases, taking case histories of all new referrals. They arrange admissions to hospital from the Clinic and visits to the home. In the case of West Riding patients the Senior Mental Welfare Officer transmits information from the Clinic to the Mental Welfare Officers concerned.

Welcome Social Club

This Club, for people who have been in-patients at Stanley Royd Mental Hospital or who have attended the Out-Patient Clinic, still meets every Thursday. During the winter months of 1962 attendances dropped, but I put this down to the severe weather.

During the past year, the members of the Club have been invited to social evenings at the Council of Social Service, and also at Stanley Royd Hospital, all of which they enjoyed.

In the past the Club has had membership of both psychiatric and sub-normal people. It is now felt that the Club should function solely for the psychiatric patient, but it is possible, with the help of the Training Centre staff, to form a Club for the subnormal. By so doing we hope that each group will get the maximum benefit from the Clubs as each will be geared to the special needs, or desires of its members.

Admissions to Hospitals

During the year ended 31st December, 1962, the Mental Welfare Officers dealt with the following admissions:

		<i>Male</i>	<i>Female</i>	<i>Total</i> 1962	<i>Total</i> 1961
Section 26					
Admission for Treatment ..	2	3	5	10	
Section 25					
Admission for Observation ..	2	6	8	17	
Section 29					
Emergency Admission for					
Observation	14	19	33	17	
Informal Admissions	21	27	48	39	
Reported and Investigated ..			58	45	
After-care Visits — Subnormal ..	..	569			
Mentally Ill ..	..	1422			
Other Cases ..	..	323			
				<hr/> 2314	<hr/> 1866

NOTE.—Section 25 is concerned with a patient's compulsory admission and detention in hospital for observation.

The maximum period being limited to 28 days.

Section 26 is concerned with a patient's compulsory admission and detention in hospital for treatment.

Section 29 relates to patients being admitted to hospital and detained by reason of an emergency and, to comply with the requirements of Section 25, would involve undesirable delay.

Training Centre

The Junior Training Centre continued during 1962 in the rented accommodation at Wesley Hall along the pattern which has been in operation during the previous eight years, a pattern which has been tried, tested and proved very successful. Of the children in the Centre at the end of the year, 25 were mongols and the remainder had intelligence quotients reading from 20 - 73. A few of the children were physically handicapped as well. The majority of the children overcame the disadvantage of their handicap, and in the main make progress which is satisfying to those in charge. A number of children have speech defects, which in the majority of cases are improved by regular speech training by the staff guided by the Speech Therapist, which is part of the curriculum of the Centre.

The Centre is visited regularly for medical inspections and to keep a watchful eye on the children, and in addition a Health Visitor visits regularly in connection with cleanliness of the person.

Mid-day meals were provided by the School Meals Service at a charge of 1s. per head, and all the children stayed to lunch. Each child in addition received the normal allowance of one-third pint of milk daily free of charge.

A successful Garden Party was held by the Parents' Association, ably supported by the staff, in June, and during the afternoon a number of the children gave a splendid performance of country dancing and maypole dancing. Also in June the children and staff had their annual outing to Filey where they spent a most enjoyable day. Many of them enjoyed their boat trips and donkey rides. The Rotary Club of Wakefield kindly contributed to the cost for which over the past nine years my heart felt thanks are due.

Number of Patients under L.H.A. care at 31.12.62

	Mentally Ill				Sub-normal				Severely Sub-normal				Total				GRAND TOTAL
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)
(a)	Attending day training centre ..	..	-	-	14	21	6	10	1	-	-	1	15	21	6	11	53
	Awaiting entry thereto ..	..	-	-	-	-	5	-	-	1	8	1	-	1	13	1	15
(b)	Resident in residential training centre..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Awaiting residence therein ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c)	Receiving home training..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Awaiting home training ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d)	Resident in L.A. home/hostel ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Awaiting residence in L.A. home/hostel		4	2	-	-	2	3	-	-	2	-	-	-	8	5	13
	Resident at L.A. expense in other resi-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	dential homes/hostels ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Resident at L.A. expense by boarding		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	out in private household ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e)	Receiving home visits and not included		-	-	3	5	12	32	4	1	11	9	7	6	101	183	297
	under (a) and (d) ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(f)	Number of patients involved at (a) to (e)		-	-	17	26	23	42	5	2	19	11	22	28	124	197	371

PART IV

EPIDEMIOLOGY

The total number of cases of infectious and other notifiable diseases statutorily notified during the year amounted to 474. Details of these cases analysed according to age are shown in Table II.

For the purpose of statistical returns to the Ministry of Health no regard is paid to cases coming to notice and the Ministry is only interested in written notifications received from Medical Practitioners in accordance with the requirements of Section 144 of the Public Health Act, 1936, and subsequent regulations. This state of affairs is I feel unfortunate as a true picture of the incidence of infectious diseases is not available and whilst recourse could be made to enforcing Medical Practitioners to notify cases coming to their notice, I do not think this would be a satisfactory solution.

Poliomyelitis

There were no cases of Poliomyelitis in 1962.

Diphtheria

There have now been no cases of Diphtheria in the City since 1956.

Dysentery

A total of 54 cases were notified during the year, whilst a further 43 came to notice as a result of reports received from the Public Health Laboratory. Three of the cases notified were in respect of persons normally resident outside the City.

On the 28th December, 1961, notification was received that 24 out of 46 faecal specimens submitted by the Matron of a Residential Nursery in Wakefield were positive for *Shigella Sonnei*, and immediate investigations were undertaken.

It was ascertained that the infection was of a very mild type and that most of the cases, which comprised staff and children, were already almost completely recovered.

I was satisfied that the infection had been imported into the Nursery by some member of the staff, and since the widespread infection indicated a certain degree of laxity in the hygiene which was being practised, arrangements were made for me to address all of the staff and to stress to them the need for maintaining the highest possible standard of personal hygiene.

In view of the very young age of some of the affected children it took a little time for the infection to be completely cleared, but by mid-February, 1962, the matter was under complete control.

Encephalitis

There were no cases of Encephalitis in 1962.

Erysipelas

There were no cases of Erysipelas in 1962.

Measles

A total of 399 cases of measles were notified during the year. All the patients, with the exception of eight, were under the age of ten years.

Meningococcal Infections

There were no cases of Meningococcal Infection in 1962.

Pemphigus Neonatorum

There were no cases of Pemphigus Neonatorum in 1962.

Pneumonia

Five cases of Pneumonia, all adults, were notified during the year.

Puerperal Pyrexia

Six cases of puerperal pyrexia were notified during the year, although three of the patients normally resided outside the City.

Scarlet Fever

A total of 7 cases were notified during the year, and a further 7 cases came to my notice as a result of admissions to the Infectious Diseases Hospital, and returns submitted by the Head Teachers. None of the cases was fatal and all were mild in character.

Whooping Cough

There were no cases of Whooping Cough notified during 1962.

Tuberculosis

The number of primary notifications of new cases of tuberculosis and deaths attributed to this condition during 1962 were as follows:—

<i>Age Group in years</i>	<i>New Cases</i>				<i>Deaths</i>			
	<i>Pulmonary</i>		<i>Non- Pulmonary</i>		<i>Pulmonary</i>		<i>Non- Pulmonary</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1 ..	1	—	—	—	—	—	—	—
1 - 4 ..	—	—	—	—	—	—	—	—
5 - 14 ..	—	—	—	—	—	—	—	—
15 - 24 ..	—	1	—	—	—	—	—	—
25 - 44 ..	4	2	—	—	—	—	—	—
45 - 64 ..	4	—	—	—	1	—	—	—
65 - 74 ..	—	1	—	—	3	—	—	—
75 and over	—	—	—	—	—	1	—	—
<hr/>								
Totals 1962	9	4	—	—	4	1	—	—
1961	9	3	—	1	4	—	—	—
1960	8	9	—	—	1	1	—	1

TABLE II.
INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1962
 (Corresponding figures for previous 2 years appear in columns 1 & 2)

Disease	Total all ages 1960	Total all ages 1961	Total all ages 1962	0-1 years	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 years and up	Cases sent to hospital	Deaths
Acute Poliomyelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery ..	6	27	54	7	6	7	4	4	1	..	2	5	1	8	9	10	..
Encaphalitis Lethargica ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	2	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Food Poisoning ..	1	2	3	1	..	..	..	1	..	..	..	..	..	..	..	3	..
Malaria ..	..	..	..	14	42	53	50	84	148	5	2	1	..	..	..	2	..
Measles ..	234	609	399	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pemphigus Neonatorum ..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..
Pneumonia ..	3	7	5	..	..	..	..	..	..	..	..	..	..	4	..	..	..
Polio-Encephalitis ..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	5	..
Puerperal Pyrexia ..	6	4	6	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Scarlet Fever ..	18	13	7	..	..	..	1	1	4	1	..	..	..	..	..	..	..
Smallpox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	30	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	303	688	474	22	48	60	55	90	154	6	4	12	1	12	10	24	..

VENEREAL DISEASES

The following report has been prepared by Mrs. E. W. Cohen, S.R.N., S.C.M. (Part I), H.V. Cert., Queen's Nurse, Venereal Diseases Social Worker to the West Riding County Council and the City of Wakefield.

The number of sessions held weekly at Clayton Hospital, Department 15, have been reduced from eight to seven. Dr. John Burgess is the Consultant Venereologist for the diagnosis and treatment of venereal diseases. The Social Worker is present at the four female sessions to give help and advice to new and old patients.

At the beginning of the year a "Diagnostic Clinic" was inaugurated to deal with patients with symptoms or signs of possible venereal disease but no history of exposure to infection. Children for prospective adoption and patients with doubtful serological tests for Syphilis attend this clinic. All the General Practitioners in Wakefield were circularised to this effect. The response has been fairly good but it does not appear that full benefit is taken of this Clinic as separate from the sessions for all other patients — that is to say, patients who could have attended the "Diagnostic Clinic" were sent by their doctors at other times.

Compared with 1961 the number of patients attending for the first time decreased about 10 per cent but the overall picture remains rather similar. About 50 per cent of new female patients were teenagers. In fact, out of 41 female patients needing treatment, 24 were under the age of 19 years. A considerable increase is noted in the male age group of 20 to 24 years while the older age group declined in both men and women.

Whilst it is possibly true to say that Wakefield has not as yet much coloured population, there appears some reflection of the immigrant problem insofar as that during the year six Nigerians, two Pakistanis, two Jamaicans and one West Indian attended the Special Treatment Centre, all but one being male. Perhaps this partly accounts for the increase in the 20 to 24 years age group but not altogether.

Contacts

Most patients are co-operative in arranging for their own contacts to attend for investigation, but if sufficient data is not available the Social Worker endeavours to trace and arrange for the contact to attend at the hospital. During the year seven contacts were persuaded to attend.

Defaulters

Patients who have not completed treatment or observation are requested by letter to return to the clinic which, if not effective, is followed by a home visit where often difficulties are overcome and practical help given.

Routine Blood Tests in Pregnancy

Routine blood tests continue to be taken by Medical Officers at Ante-Natal Clinics and by General Practitioners. A patient showing a positive blood Wasserman is referred to Dr. Burgess for treatment if necessary.

Visits made by the Social Worker

Number of Visits and Revisits to Contacts	..	19
Number of Visits and Revisits to Defaulters	..	79
Number of miscellaneous visits, Doctors, Hospitals, etc.	.. .. .	149
Total Visits	.. .. .	<hr/>247 <hr/>

At the beginning of the year Miss M. Kaye was appointed Sister of Department 15, and she has admirably filled the breach felt after Sister Nicholson retired.

I should like to say that I have found my second year in the field of this work as interesting as my first year though I continue still to feel grateful to Dr. Thomson and his staff for their help and kindness at all times.

WAKEFIELD COUNTY BOROUGH, 1962

New Patients attending Department 15, Clayton Hospital, Wakefield, by age groups and diagnosis

Diagnosis	Under 1		1 - 14		15 - 19		20 - 24		25 or over		Total		Gra'd Total
	Male	Fe- male	Male	Fe- male	Male	Fe- male	Male	Fe- male	Male	Fe- male	Male	Fe- male	
Syphilis	—	—	—	—	—	—	—	—	2	1	2	1	3
Gonorrhoea	—	—	—	—	—	3	9	1	6	2	15	6	21
Other requiring treatment	—	—	1	1	2	20	30	6	27	8	60	35	95
Other not requiring treatment	4*	6*	—	1	—	7	10	3	18	6	32	23	55
Total	4	6	1	2	2	30	49	10	53	17	109	65	179

* Babies for pre-adoption examination and blood tests

PART V

REPORTS ON PUBLIC HEALTH MISCELLANEOUS
SERVICES

1. National Assistance Act, 1948 — Section 47 —
Removal to Suitable Premises of Persons in need of
Care and Attention
2. National Assistance Act, 1948 —
Incidence of Blindness
3. Staff — Medical Examinations

**National Assistance Act, 1948 — Section 47
Removal to Suitable Premises of Persons in
Need of Care and Attention**

During 1962, I had to contemplate action under Section 47 to remove two elderly ladies to a place of safety. One of them finally went voluntarily, but in the case of the other it was necessary in August, 1962, to apply to the Magistrates for an Order for her detention. The first Order was obtained on the 20th August and subsequent Orders were obtained on the 10th September and 10th December.

The woman, aged about 80 years, when first visited was filthily clad and of filthy appearance. She lived alone except for three dogs, and the premises were indescribably filthy. She had no water, electric light and no bed. The floors in the rooms were littered with filthy rags, several layers thick and in most of the rooms they were covered with dog excretia. She had no food in the house and fed herself by begging. There was no doubt that she was aged, infirm and living in insanitary conditions and was unable to devote to herself proper care and attention and it was essential to have her removed to a place of safety where she could receive proper care and attention.

Although this is a most unpleasant duty to perform, there is no doubt that it was the right one, and after several months stay in an old folks' home, the change in appearance and health is much improved.

**National Assistance Act, 1948 —
The Incidence of Blindness**

The Director of Welfare Services informs me that 14 persons were admitted to the Blind Register, and 13 persons were admitted to the Partially Sighted Register during 1962. The following table shows the follow-up of registered blind and partially sighted persons.

*Follow-up of Registered Blind and Partially Sighted Persons.
Year ending 31st December, 1962*

	<i>Cause of Disability</i>			
	<i>Cata-ract</i>	<i>Glau-coma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:				
(a) No treatment ..	14	1	—	11
(b) Treatment (medical, surgical or optical)	1	—	—	—
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	—	—	—	—

Staff Medical Examinations

During 1962, 216 employees were examined by the Authority's Medical Officers who determined their fitness for entry into either the Council's Sickness Pay Scheme or Superannuation Scheme.

PART VI

ENVIRONMENTAL SERVICES

- (a) Report by the Chief Public Health Inspector on Sanitary Inspection of the Area
- (b) Report of the City Analyst
- (c) Wakefield Swimming Baths
- (d) Sewage and Sewerage Disposal
- (e) Wakefield Water

SANITARY INSPECTION OF THE AREA

(By W. B. TWYFORD, Chief Public Health Inspector)

This is the first year since I came to Wakefield that we have maintained a full complement of Inspectors, and this is reflected in the total number of visits undertaken.

Unfortunately circumstances prevent these visits being directed as one would sometimes wish. A considerable increase in the target figure for housing clearance and an acceleration of the clean air programme have meant that more and more time has been devoted to these two aspects of the work, and it has not been possible to increase the routine inspections of housing complaints, food premises, factories, etc. I feel that I must emphasise that although housing clearance and clean air work may be spectacular and capture the headlines, it is on the comparatively unnoticeable routine work that the town will ultimately be judged. A visitor to the town who is served in a dirty shop or restaurant or who visits friends in an area of housing which although not ripe for clearing is falling into disrepair, will leave Wakefield with a poor impression of the City notwithstanding central area redevelopment.

A staff which approximates very closely in numbers to that which existed 25 or 30 years ago cannot hope to undertake all its duties satisfactorily when the amount of new legislation which has fallen on the shoulders of public health inspectors is borne in mind, and inevitably it is the routine work of inspection and reinspection which gets put off time and time again.

During 1962, a total of 329 houses were dealt with by clearance procedures of one type or another, compared with 215 in 1961, and 228 houses were actually demolished. The bulk of the really bad housing in Wakefield has now been dealt with, and consequently more opposition can be expected in connection with future clearance areas as the standard of housing is gradually raised. Although some effort is now being made by another Committee to encourage the use of improvement grants, little work is being undertaken to prevent the growth and development of new slums, and this unsatisfactory state will remain until we are able to resume house to house inspections and the building force is able to undertake the necessary works of repair and maintenance. The gales early in 1962 revealed how inadequate the present labour force is if new building is not to be held up by withdrawing the labour from that work to do maintenance.

The other major time consuming item of work during the year was the implementation of the Council's clean air programme, 2,125 visits being made as compared with 277 in 1961. These visits can take up a large amount of time as the public are still apprehensive about smoke control and the inspector's visit forms one of the main planks in our publicity programme.

After two or three years of critical comment I am pleased to be able to report an improvement in the public relations aspect of our work, and the year witnessed a gradual increase in the demand for speakers from all types of organisations. I would like to see the demand continue to increase in the future.

A personal highlight during the year was the opportunity I was given to present a paper on "Recent Developments in the Manufacture and Sale of Ice Cream and Ice Lollies" to the annual conference of the Association of Public Health Inspectors. I am extremely grateful to the Committee for allowing me to do this and also to my colleagues and the ice cream industry, both locally and nationally, for the willing assistance they gave me.

The first course for the Royal Society of Health's certificate in Catering Hygiene proved successful, but it was disappointing to note the small number of food handlers who were sufficiently interested in their work to be prepared to devote a little of their own time to furthering their trade training. I would hope that any future courses which are held will attract a greater number of students and that employers will encourage their staff to participate in this type of training.

Recently we have had to deal with several cases of elderly persons who, for various reasons, had allowed their houses to become so filthy as to necessitate action being taken by the local authority to cleanse the houses. With the ever increasing proportion of old persons amongst the population it seems that this type of case is likely to increase rather than reduce. Usually these cases are not reported until the conditions are extremely bad and earlier notification by friends, relatives or neighbours, if they themselves are unable to assist, would sometimes enable this department to deal with the complaint without our having to resort to legal processes. The number of officers who have to visit old persons when they get into these conditions tends to confuse them and a simplification of the procedure would be helpful.

I have commented in the report on the problems associated with the ingress of a number of immigrants into the City. Compared with some areas our problem is slight but it nevertheless exists. Very often one cannot help but feel sorry for these immi-

grants who find themselves in a strange land, with living conditions at least equal to those they had at home, being told that their conditions are not satisfactory. The chief fault appears to be the inadequacy of advice which they receive before leaving their home country. In general they seem quite prepared to work but their financial resources make it impossible for them to adapt the houses they acquire to our standards.

The standard of the various foods which were submitted for chemical analysis was generally good, and where the analyst has reported against a sample it has been usual to get the fullest co-operation from the manufacturers to meeting the requirements.

COMPLAINTS

Number of complaints received	..	..	..	..	1282
This figure is comprised of:—					
Ashbins	..	..	..	..	301
Rodents	..	..	..	..	322
Drains	..	..	..	..	149
Nuisances	..	..	..	..	143
Housing	..	..	..	..	286
Miscellaneous	..	..	..	..	81

DETAILS OF INSPECTIONS MADE

Total number of inspections made	..	..	..	15555
Complaints	..	..	..	1043
Nuisances found	..	..	..	45
Reinspection of houses under notice	..	..	..	585
Overcrowding	..	..	..	6
Relets and municipal applications	..	..	..	569
Certificates of disrepair	..	..	..	17
Houses in multiple occupation	..	..	..	26
Improvement grants	..	..	..	62
Slum clearance (housing inspections)	..	..	..	766
Clearance areas	..	..	..	154
Bedding inspection	..	..	..	133
Moveable dwellings	..	..	..	50
Tents, vans and sheds	..	..	..	24
Bakehouses	..	..	..	24
Dairies and milk distributors	..	..	..	41
Fish friers	..	..	..	84
Food preparing premises	..	..	..	130
Food shops under Food & Drugs Act, 1955	..	..	..	144
Food hygiene inspections	..	..	..	329
Hairdressers	..	..	..	30
Hawkers and open air caterers	..	..	..	15

Hotel and restaurant kitchens	..	..	..	..	88
Ice cream premises	..	..	..	..	69
Markets	..	..	..	..	111
Pet shops	..	..	..	..	64
Public houses and licensed premises	..	..	..	..	32
Shops Act, 1950	..	..	..	..	160
Slaughterhouses	..	..	..	..	1317
Shops and warehouses	..	..	..	..	145
Factories with power	..	..	..	..	53
Factories without power	..	..	..	..	15
Outworkers	..	..	..	..	10
Smoke control areas	..	..	..	..	2225
Smoke observations—Industrial	..	..	..	..	47
Domestic	..	..	..	..	8
Atmospheric deposit stations	..	..	..	..	927
Atmospheric pollution other visits	..	..	..	..	513
Boilerhouse inspections	..	..	..	..	20
Drainage tested	..	..	..	..	82
Drains inspected	..	..	..	..	95
Domestic sanitary accommodation	..	..	..	..	53
Public sanitary accommodation	..	..	..	..	18
School sanitary accommodation	..	..	..	..	14
Rodent infestation	..	..	..	..	871
Visits re filthy or verminous premises	..	..	..	..	146
Verminous persons treated	..	..	..	..	1
Animals (keeping of)	..	..	..	..	16
Canal boat inspections	..	..	..	..	4
Cinemas and places of entertainment	..	..	..	..	9
Infectious disease	..	..	..	..	150
Noise nuisance	..	..	..	..	4
Offensive trades	..	..	..	..	38
Refuse accommodation	..	..	..	..	847
Plans	..	..	..	..	72
Sampling visits	..	..	..	..	250
Interviews	..	..	..	..	696
Miscellaneous	..	..	..	..	2208

Notices Served

Informal notices served	..	..	..	..	107
Informal notices complied with (including notices carried forward from 1961)	..	..	..	..	86
Statutory notices served	..	..	..	..	42
Statutory notices complied with (including notices carried forward from 1961)	..	..	..	..	36
Notices outstanding at end of 1962	..	..	..	..	24
Notices served under the Wakefield Corporation Act, 1924, regarding ashbins	..	..	..	..	109

ACTION UNDER THE PUBLIC HEALTH ACT, 1936

No proceedings were taken on default of action under the Public Health Act, 1936, during the year.

NUISANCES

In February it became necessary to apply to a Justice of the Peace for authority to enter a house within the City to enable an inspection to be made.

The house, which had been known to the Department for some time, was occupied by a single lady and her pets. The occupant refused to co-operate with any member of the Health Department staff and the premises had become indiscribably filthy. As a result of the inspection notices were served requiring the cleansing of the house. These were not complied with and ultimately the lady was compulsorily removed under Section 47 of the National Assistance Act, 1948, and the work of cleansing the house undertaken in default. Eight lorry loads of rubbish were removed and a large number of books belonging to various libraries recovered. These had been removed without tickets and were in such a filthy state that they had to be destroyed.

NUISANCES ABATED AND DEFECTS REMEDIED

Ashbins provided by owners or occupiers.. ..	380
Accumulations of manure and other refuse removed ..	11

Drains

Cleaned out, re-laid or repaired	85
New inspection chambers provided	5
New inspection chamber covers provided	2
Ventilating and soil pipes renewed or repaired ..	3
Gullies cleaned out	5
Gullies provided with new metal grids	2
New trapped gullies provided	3

Dwellinghouses

Roof repairs	51
External walls rebuilt, cement rendered or repointed	10
Internal walls replastered	9
Ceilings replastered	2
Floors re-laid or repaired	5
Doors renewed or repaired	6
Windows repaired or sashes re-corded	16

New eavesgutters or rain water fall pipes provided ..	12
Eavesgutters or rain water fall pipes cleaned out or repaired	23
Chimney stacks or pots renewed or repaired ..	11
Smoky condition abated	5

Water Closets

Flushing cisterns repaired or renewed	18
Compartments re-built	3
New pedestal washdown pans provided	3
Repaired	3
New seats provided	4
Service pipes to flushing cisterns repaired	17

Water Supply

Service pipes repaired	4
Taps repaired or new taps provided	1
Sinks renewed	1
Sink and bath waste pipes renewed, repaired or cleaned out	15

Miscellaneous

Yards and passages cleansed	2
Yards and passages paving repaired or renewed ..	1
Caravans removed	18
Nuisances from keeping animals abated	2

HOUSING

New Houses erected during 1962

<i>Size of house, i.e. number of habitable rooms</i>	<i>Total</i>	<i>Built by Corporation</i>	<i>Built by private enterprise</i>
3 rooms	107	80	27
4 rooms	15	—	15
5 rooms	64	10	54
6 rooms	9	—	9
7 rooms	1	—	1
	<hr/> 196 <hr/>	<hr/> 90 <hr/>	<hr/> 106 <hr/>

Clearance of Unfit Houses

During the year confirmation of the following Orders was received from the Minister of Housing and Local Government.

<i>Name of Order</i>	<i>No. of Houses</i>	<i>Popula- tion</i>	<i>Date of represen- tation</i>	<i>Date of Order</i>	<i>Date Con- firmation</i>
Alverthorpe Road No. 2 Compulsory Purchase Order ..	2	4	19 June, 1961	25 July, 1961	12 July, 1962
Leeds Road Nos. 1 & 2 Compulsory Pur- chase Order ..	19	32	19 June, 1961	25 July, 1961	6 March, 1962
Thornes Lane Nos. 17 & 18 (New Bruns- wick Street Nos. 1 & 2) Compulsory Pur- chase Order ..	22	29	19 June, 1961	25 July, 1961	13 March, 1962
Mellors Buildings Compulsory Purch- ase Order ..	18	44	10 July, 1961	25 July, 1961	8 March, 1962
Russell Street Com- pulsory Purchase Or- der ..	6	14	18 Sept., 1961	5 Dec., 1961	7 June, 1962
Mark Lane Compul- sory Purchase Order	9	25	18 Sept., 1961	5 Dec., 1961	5 June, 1962
Thornes Lane No. 19 (Bethel Place) Com- pulsory Purchase Or- der ..	17	50	18 Sept., 1961	5 Dec., 1961	26 July, 1962
Beaver Street Com- pulsory Purchase Or- der ..	8	22	18 Sept., 1961	5 Dec., 1961	5 June, 1962
Hope Street Nos. 1 & 2 Compulsory Pur- chase Order ..	30	64	18 Sept., 1961	5 Dec., 1961	26 July, 1962

<i>Name of Order</i>	<i>No of houses</i>	<i>Popu- lation</i>	<i>Date of Represen- tation</i>	<i>Date of Order</i>	<i>Date of Confirma- tion</i>
Back Hatfeild Street Nos. 1 & 2 Compul- sory Purchase Order	20	41	8 Sept., 1961	5 Dec., 1961	23 Oct., 1962
Teall Street No. 1 Compulsory Purch- ase Order	26	69	8 Sept., 1961	5 Dec., 1961	20 Aug., 1962

The following representations concerning unfit houses were made to the Council during the year.

<i>Name of Order</i>	<i>No of houses</i>	<i>Popu- lation</i>	<i>Date of Represen- tation</i>	<i>Date of Order</i>	<i>Date of Confirma- tion</i>
Kirkgate No. 18 (Charlotte Street No. 3) Clearance Order	12	19	19 March 1962	1 May, 1962	2 Oct., 1962
Flanshaw Lane Nos. 8 & 9 (Milner's Ct.) Clearance Order ..	33	74	19 Mar., 1962	1 May, 1962	14 Dec., 1962
Wonder Street Nos. 1 & 2 and Thornhill Street No. 2 Compul- sory Purchase Order	96	254	19 Mar., 1962	1 May, 1962	
Thornhill Street No. 3 Clearance Order ..	8	34	19 Mar., 1962	1 May, 1962	12 Dec., 1962
Denby Dale Road No. 1 Clearance Or- der	21	51	19 Nov., 1962	1 Jan., 1963	
Denby Dale Road Nos. 2 & 3 Clearance Order	32	57	19 Nov., 1962	1 Jan., 1963	
Holmfield Lane No. 3 Clearance Order	2	7	19 Nov., 1962	1 Jan., 1963	

<i>Name of Order</i>	<i>No. of houses</i>	<i>Popu- lation</i>	<i>Date of represent- ation</i>	<i>Date of Order</i>
Thornes Lane No. 20 (Thornes Lane Wharf No. 2) Compulsory Purchase Order ..	11	35	19 Nov., 1962	1 Jan., 1963
Thornes Lane No. 21 Compulsory Purch- ase Order	26	52	19 Nov., 1962	1 Jan., 1963
Pilkington Street Compulsory Purch- ase Order	60	163	19 Nov., 1962	1 Jan., 1963
Stanley Road No. 1 Clearance Order ..	3	7	19 Nov., 1962	1 Jan., 1963
Greenhill Road No. 1 Compulsory Pur- chase Order.. ..	9	28	19 Nov., 1962	1 Jan., 1963
Greenhill Road No. 2 Compulsory Pur- chase Order.. ..	2	6	19 Nov., 1962	1 Jan., 1963
Total	<hr/> 315 <hr/>	<hr/> 787 <hr/>		

In addition certificates of unfitness were given in respect of 14 properties.

Houses Demolished

During the year 228 houses were demolished, 186 being in Clearance Areas and 42 individual unfit houses.

Removal from Unfit Properties

All removals from clearance properties were carried out by the Corporation. Furniture and effects were disinfested in transit by hydrogen cyanide. Bedding, soft furnishings, etc., which were not suitable for gassing, were subjected to chemical disinfestation.

The district inspectors carried out 569 inspections of dwelling houses in connection with the re-housing of tenants.

HOUSES IN MULTI OCCUPATION

In April, 1962, the Housing (Management of Houses in Multiple Occupation) Regulations, 1962, passed through Parliament, becoming operative on the 22nd May.

The full extent of this problem in Wakefield is not known at present and I am endeavouring to conduct a survey to ascertain the position. An estimate obtained from an examination of the electoral roll suggests that the problem is fairly large having regard to the size of the City. It appears that there are at least:

- (a) 24 houses let in lodgings.
- (b) 116 houses which have been divided into flats comprising 366 units.
- (c) 62 houses with three or more families resident.
- (d) 31 houses occupied by aliens.
- (e) 700 houses occupied by two families.

Towards the end of the year it became apparent that the number of houses providing accommodation for immigrants was increasing and the manner in which these properties are used is giving some cause for concern.

The normal practice is for the cooking, dining and living accommodation to be entirely communal and concentrated in one or two rooms. The remainder of the house is used for sleeping accommodation and there is little doubt that gross overcrowding is occurring in some instances; one bedroom of 166 square feet accommodating three double beds.

The persons managing these houses, who generally seem to own the property, are not unaware of their legal responsibilities and when enquiries are made regarding the number of people living at the house the reply usually coincides with the official permitted number.

The Committee decided that the following standards should be applied using Sections 15 and 19 of the Housing Act, 1961, as the authority to enforce them.

Overcrowding

The maximum number of persons sleeping in the house not to exceed the permitted number as defined by the sixth schedule of the Housing Act, 1957, with the added proviso that a room larger than 165 square feet may be used as sleeping accommodation by more than two persons provided each person has at least 55 square feet of floor space and the overall permitted number of the house is not exceeded.

Washing facilities

At least one wash hand basin to be provided for every five or part of five residents, and two baths (or one bath and one shower) to be provided for every ten or part of ten residents. Hot and cold water to be provided.

Sanitary accommodation

Two water closets to be provided for every ten residents, thereafter one water closet to be provided for every additional five residents or part of five.

Sinks and cooking facilities

One sink and one cooker to be provided for every ten residents or part of ten. The sink to be provided with hot and cold water.

Food storage

A ventilated food store with at least six square feet of shelf space to be provided for every ten residents.

Lighting

All rooms, passages and staircases to be adequately lighted and artificial lighting to be maintained in working condition in these rooms, passages and staircases.

Clothes washing facilities

Adequate facilities to be provided for washing of clothing.

Space heating and ventilation

All common rooms to be provided with adequate space heating and ventilation. All bedrooms to have an open fireplace or other means of ensuring adequate permanent ventilation.

Drainage

All sinks, baths, wash hand basins and water closets to be effectively drained and properly connected to the drainage system.

RENT ACT, 1957

The following is a summary of work carried out during the year.

Number of applications for certificates	..	..	..	5
Number of decisions not to issue certificates	..	..	..	—

Number of decisions to issue certificates	5
(a) in respect of some but not all defects ..	4
(b) in respect of all defects	1
Number of undertakings given by landlords under paragraph 5 of the First Schedule	1
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
Number of certificates issued	4
Applications by landlords to local authority for cancellation of certificates	—
Objections by tenants to cancellation of certificates ..	—
Decisions by Local Authority to cancel in spite of tenants' objections	—
Certificates cancelled by Local Authority	—

As will be appreciated from the table the Rent Act is having little practical effect in Wakefield. At the present time there are 79 certificates of disrepair in operation, and 118 undertakings to carry out repairs where neither the landlord nor tenant have applied for a certificate as to the remedying of defects.

Since the Act came into operation only 20 certificates of disrepair have been cancelled in the City, and 8 certificates have been issued that the owners have complied with an undertaking to remedy defects.

It would seem that the continued existence of certificates of disrepair will cause administrative difficulties for years to come.

MOVABLE DWELLINGS

During the year 7 licences were in operation. The dwellings are stationed on 7 different sites.

The licensed sites have been well maintained throughout the year, but difficulties arose in connection with caravans occupied by itinerant traders who periodically descend upon the town. Until all spare ground is either developed or fenced there does not appear to be a solution to this problem which can cause gross faecal contamination of the sites used and be a source of terror and nuisance to the occupants of adjoining houses. It would be of assistance if householders seeing these caravans arrive on a site would immediately notify this Department.

FOOD AND DRUGS

Registration under the Milk and Dairies Regulations, 1959

Distributors with premises within the City	.. ..	18
Distributors with shop premises at which milk is supplied only in the properly closed and unopened vessels in which it is delivered to the shop	.. ..	184

A total of 8 new registrations was effected during the year.

Milk (Special Designations) (Raw Milk) Regulations, 1949 to 1954 Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 1949 to 1953

A total of 254 licences issued under these Regulations was in operation during 1962 and comprised the following:

- 41 Dealers' licences authorising the use of the special designation Tuberculin Tested.
- 39 Dealers' licences authorising the use of the special designation Pasteurised.
- 174 Dealers' licence; authorising the use of the special designation Sterilised.
- 1 Dealer's (Pasteuriser's) licence authorising the use of the special designation Pasteurised.

Bacteriological Examination of Milk

During the year a total of 53 samples of milk was submitted to the Director of the Public Health Laboratory for examination.

A detailed analysis of the type of milks sampled is shown in the Table on page 83.

Bacteriological Examination of Milk to which a Special Designation was Applied

Month	Tuberculin Tested		Pasteurised and Tuberculin Tested				Sterilised		
	Methylene Blue		Methylene Blue		Phosphatase		Turbidity		
	No.	Satis- factory	No.	Satis- factory	Satis- factory	Unsatis- factory	No.	Satis- factory	Unsatis- factory
January	2	2	3	3	3	—	—	—	—
February	1	1	5	5	5	—	2	2	—
March	3	3	5	5	5	—	1	1	—
April	—	—	—	—	—	—	—	—	—
May	1	1	5	5	5	—	—	—	—
June	1	1	4	4	4	—	2	2	—
July	—	—	—	—	—	—	—	—	—
August	—	—	4	4	4	—	—	—	—
September	—	—	—	—	—	—	—	—	—
October	2	2	10	10	10	—	2	2	—
November	—	—	—	—	—	—	—	—	—
December	—	—	—	—	—	—	—	—	—
Totals	10	10	36	36	36	—	7	7	—

Bacteriological Examination of Water

During the year 12 samples of water were submitted to the Director of the Public Health Laboratory for examination.

The samples comprised:

Mains water	..	..	..	..	9
Baths and paddling pools	..	..	..	..	3

Four samples were reported as being unsatisfactory (1 mains water, 3 paddling pools water).

The unsatisfactory sample of mains water was taken from an unsterilised tap in a private slaughterhouse to check the condition of the water used for washing equipment and rinsing wiping cloths.

The occupier now accepts the need for ensuring that the tap is regularly cleansed during slaughtering.

The samples from the paddling pool all showed evidence of bacterial contamination, but as the pool, which is open and not supervised, is filled daily it is difficult to ensure that a better standard is maintained.

In addition to the samples submitted by this Department, routine sampling is also carried out by the Water Board Engineer, as far as the water mains are concerned, and by the Bath's Superintendent from the swimming baths.

Bacteriological Examination of other foods

During the year 16 samples of food were submitted to the Director of the Public Health Laboratory, and 10 were found to be unsatisfactory.

<i>No.</i>	<i>Type of Food</i>	<i>Report</i>	<i>Result</i>
1	Custard		Satisfactory
2	Jelly		Satisfactory
3	Cream	No pathogenic organisms isolated. Count per gm. 160,000. No coliforms isolated.	Unsatisfactory
4	Cream	No pathogenic organisms isolated. Count per gm. 300,000. Bact. aerogenes present in 0.01 gm.	Unsatisfactory
5	Cream	No pathogenic organisms isolated. Count per gm. 250,000. Bact. aerogenes present in 0.01 gm.	Unsatisfactory

<i>No.</i>	<i>Type of Food</i>	<i>Report</i>	<i>Result</i>
6	Cream	No pathogenic organisms isolated. Count per gm. 300,000. Coliforms present in 0.01 gm. Bact. aerogenes I.	Unsatisfactory
7	Trifle		Satisfactory
8	Trifle	No pathogenic organisms isolated. Count per gm. 10,000,000. Coliforms present in 0.0001 gm. Bact. aerogenes I.	Unsatisfactory
9	Live Yoghurt		Satisfactory
10	Fresh Double Cream		Satisfactory
11	Stew		Satisfactory
12	Meat Pie (Uncooked)	Colony count per gm. 290,000 Coliforms present in 0.00001 gm. Intermediate Type I. Bact. Coliform Type I present in 0.0001 gm. No pathogenic organisms isolated.	Unsatisfactory
13	Meat Pie (Cooked)	Colony count—uncountable owing to spreading colonies of aerobic spore bearing organs. No Coliforms isolated. No pathogenic organisms isolated.	Unsatisfactory
14	Tuberculin Tested Milk	Methylene Blue Test—Failed. Phosphatase Test—Pass.	Unsatisfactory
15	Tuberculin Tested Milk	Methylene Blue Test—Failed. Phosphatase Test—Pass.	Unsatisfactory
16	Tuberculin Tested Milk	Methylene Blue Test—Failed. Phosphatase Test—Failed.	Unsatisfactory

The samples of meat pie which were the subject of unsatisfactory reports were of interest since they involved a change in normal marketing procedure. In both cases cooked meat was supplied in an uncooked pastry case, the final cooking of the case being carried out in an infra-red counter cooking unit. The meat and casing were prepared in the area of another local authority, and the Wakefield shop keeper discontinued selling the pies before a series of tests at all stages of their preparation could be taken. This practice would appear to have many dangerous potentials, and will need careful watching if it shows signs of spreading.

On first impressions the results of samples 14, 15 and 16 may appear to conflict with the information contained in the Table on page 83. These three samples were all from milk dispensing machines in snack bars, and I have been informed by the Ministry of Agriculture, Fisheries and Food that they should be regarded as "Food Samples" rather than "Milks". In each case the unsatisfactory sample was thought to be due to faulty cleansing routines and appropriate advice was given. Further samples were taken in the early part of 1963 and will be included in the report for that year.

The samples of cream and trifle were taken in co-ordination with a local bakery. Some samples in this series were satisfactory and the manufacturing process has been improved so as to prevent contamination of the ingredients used in the plant.

Laboratory facilities

The bacteriological examination of water, milk, foods and pathological specimens is carried out by the Public Health Laboratory, Wood Street, Wakefield.

Messrs. Lee and Mallinder, of Halifax, carry out the chemical analysis of water supplied by the Wakefield and District Water Board.

Chemical analysis of foods, drugs, fertiliser and water are carried out by Mr. R. A. Dalley, F.R.I.C., who is employed as the City Analyst for Leeds and also acts for the City of Wakefield.

Biological Tests for Tubercle Bacilli and Brucella Abortus

A total of 5 samples was submitted for biological tests. All were negative for Tuberculosis, and 4 were reported negative for Brucella Abortus. One sample which was positive for Brucella Abortus was referred to the Ministry of Agriculture, Fisheries and Food and investigations undertaken by the officers of that Ministry.

Chemical Analysis of Water

During the year 6 samples of water were submitted for chemical analysis. Three samples were reported satisfactory.

In addition to the samples submitted by this Department regular sampling is carried out by the Water Board and details of these are given on page 111.

Chemical Analysis of Milk

Details of the chemical analysis of milk are shown later in the report under the Food and Drugs Act, 1955 (page 88). Eleven of the 54 samples submitted were reported as unsatisfactory.

Food and Drugs Act, 1955

A total of 179 samples (46 formal and 133 informal) of foods and drugs were submitted for analysis under the Food and Drugs Act during the year. This number is equal to 3 samples per thousand of the population of the City and is equal to the standard suggested by the Minister of Health.

Details of the samples taken are as follows:

Nature of Commodity

(a) Milk

<i>Number Examined</i>	<i>Number Adulterated</i>	<i>Percentage Adulterated</i>
------------------------	---------------------------	-------------------------------

54

11

20.37%

Action taken on unsatisfactory samples

Samples Nos. 109, 124, 126 had fat deficiencies of 5%, 3% and 36.7% respectively. In each case a letter was sent to the producers, the Ministry of Agriculture, Fisheries and Food, and the Milk Marketing Board.

Samples Nos. 102, 103, 119, 128, 132, 135, 136 had fat deficiencies of 7%, 7%, 3%, 3.3%, 3%, 17%, 17% respectively and also had a solids not fat deficiency due to natural causes. In each case a letter was sent to the producers, the Ministry of Agriculture, Fisheries and Food, and the Milk Marketing Board.

Sample No. 100 contained not less than 60% added water and was 60% fat deficient. The sample also gave a positive reaction for the presence of hypochlorates. A warning letter was sent to the dairy company.

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(b) Other Foods

	<i>Number examined</i>	<i>Number adulterated</i>	<i>Percentage adulterated</i>	<i>Action taken on unsatisfactory samples</i>
Almonds, ground	1	—
Almond marzipan	2	—
Aspirins	1	—
Beer	6	—

Bread	..	..	..	2	2	100%	
Sample No. 1 contained a type of ash (not considered to be cigarette ash). Warning letter sent to bakery.							
Sample No. 54 contained a dark cylindrical fragment consisting of wheat starch and numerous particles of black grit. Warning letter sent to bakery.							
Butter	..	..	..	2	—	—	
Cake and pudding mixtures	..	..	..	2	—	—	
Cheese spread	..	..	..	1	—	—	
Chicken Fritters	..	..	..	1	1	100%	
Sample No. 165. It was the analyst's opinion that the sample did not contain the correct quantities of certain ingredients to call it a fritter. The sample in his opinion was wrongly made. Formal samples to be taken.							
Chocolate, milk	..	..	..	1	—	—	
Condiment, non-brewed	..	..	..	1	—	—	
Cornflour	..	..	..	1	—	—	
Cornish paste	..	..	..	1	—	—	
Cough candy and pastilles	..	..	..	3	—	—	
Crab meat (1 frozen)	..	..	..	2	—	—	
Cream, bottled, canned and fresh	..	..	..	3	—	—	
Diet food	..	..	..	1	—	—	
Dripping, beef	..	..	..	1	—	—	
Egg rusks	..	..	..	1	—	—	
Fish, hake steaks	..	..	..	1	—	—	
Fish paste	..	..	..	3	—	—	
Fruit (canned)	..	..	..	4	—	—	

	Number		Percentage		Action taken on unsatisfactory samples
	examined	Number adulterated	Percentage adulterated		
Fruit juice	1	—	Samples No. 50 and 56 both failed the setting test. The matter in each case was taken up with the vendors.
Fruit, fresh	3	—	
Fruit tart	1	—	
Ginger beverage and ginger beer	2	—	
Honey	2	—	
Ice cream	4	—	
Iced lollies	1	—	
Jellies, table	8	25%	
Lard	1	—	Sample No. 9 was 21% deficient in meat content. Warning letter sent to manufacturers.
Margarine	2	—	
Meat, potted	3	33%	
Meat pie	1	—	
Meat products (canned)					
Chicken Dinner	1	—	
Irish stew	2	—	
Ready dinner	1	—	
Ready grill	1	—	
Sauerkraut with pork, veal and sausages	1	—	
Tripe and Onions	1	—	
Milk pudding (canned)	7	—	
Milk, evaporated (canned)	2	—	
Mustard	1	—	

Peanut butter ..	1	—	—	—
Peas, dried ..	1	—	—	—
Pickles and sauces ..	4	—	—	—
Pork roll ..	1	—	—	—
Preserves.. ..	11	—	—	—
Pudding, ready made ..	1	—	—	—
Rennet, essence of ..	1	—	—	—
Sago	1	—	—	—
Sausage	1	1	50%	—
Sample No. 2 was 6% deficient in meat content. Warning letter sent to manufacturers.				
Slimming bread ..	1	—	—	—
Soup and soup powder ..	3	—	—	—
Spice, mixed ..	1	—	—	—
Slimmers sugar ..	1	—	—	—
Sweets	3	—	—	—
Syrup, cane ..	1	—	—	—
Tea	1	—	—	—
Tonic	1	—	—	—
Vegetables, fresh ..	3	—	—	—
Yoghurt	1	—	—	—
	179	18	10.05%	—

MERCHANDISE MARKS ACT

The work of enforcing this legislation continued and for the first time for several years a large scale outbreak of misleading labelling occurred. It was noticed that almost all greengrocers were labelling any type of orange as "Jaffas" and a letter was sent to all greengrocers on the 22nd March, 1962, advising them of their obligations in respect of the labelling of fruit and vegetables.

FOOD HYGIENE

Number of Food Shops in Wakefield

Grocer and Provision Dealer	..	..	168
Fishmonger and Greengrocer	..	..	43
Butcher	..	..	68
Baker and Confectioner	..	..	34
Fishfryer	..	..	47
Sweets and Confectionery	..	..	72
Restaurant Kitchens	..	..	12
Bakehouses	..	..	38
Licensed Houses	..	..	110

In January a course of instruction in food hygiene was arranged for the staff of the School Meals Service Supervisors and I understand from the School Meals Organiser that it was well received.

The first course for the Royal Society for the Promotion of Health's Certificate in Catering Hygiene was held in the autumn and all the students successfully sat for the Certificate. It is hoped to repeat the course each year if the demand is sufficient.

Changes in shopping habits are continually posing fresh problems in food hygiene. The increase in supermarkets with the associated prepacking of many foods which used to be displayed unwrapped has necessitated a careful watch being kept on packing and storage conditions. Too often one finds wrapped foods exposed for sale behind glass screens and unwrapped foods, e.g., cream cakes, potted meats, etc., stored on the top of display units where they can get the maximum amount of droplet contamination from peoples' breath, or at a low level where coat bottoms trail over the trays and dishes. Far too much emphasis is paid to display and too little to requirements of hygiene in some of these modern sales rooms.

Another trend which gives rise to concern is the tendency for shops to sell an ever-increasing range of foods. It is becoming common now-a-days to see the butcher displaying cream confectionery alongside raw meat, for the confectioner to sell offal

and meat products, confectionery, etc. The risks of cross infection are apparent in these cases and a strengthening of the requirements concerning hand washing facilities would be welcome. The present regulations, backed by court decisions, make it very difficult to insist on the wash hand basin being sited in the shop or preparation room where the need is greatest, especially in the case of shops with living accommodation attached.

REGISTRATION OF HAWKERS OF FOOD

The Wakefield Corporation Act, 1938, requires certain businesses to be registered, and the following is a summary of same.

Section 109

(a) Any person, other than a person keeping open shop, who sells, offers or exposes for sale meat, fish, fruit or vegetables from a cart, etc., and

(b) Any premises used or proposed to be used as storage for such food.

The number of businesses (hawkers) registered at the end of 1962 was 66.

This method of food vending continues to increase, and with the constant spreading of residential development appears likely to continue to do so.

It would greatly assist local authorities if all operators of food hawking vehicles were required to notify local authorities of their intention to operate vehicles and to present them for inspection. The improvements which have been effected in the design of sink and wash basin units suitable for incorporation in food vehicles would now appear to allow for an amendment of the legislation so as to bring vehicles in line with shops so far as the provision of these facilities is concerned.

ICE CREAM

During 1962, 22 applications for registration of premises under Section 110 of the Wakefield Corporation Act, 1938, were received. Some of these were in respect of changes of occupiers and the total number of premises registered was 240. Only one of the premises is used for the manufacture of ice cream, the others being for storage and sale only.

A total of 24 samples was submitted to the Public Health Laboratory for examination during the year. All the samples were subjected to the Methylene Blue Test recommended by the Ministry of Health and were provisionally graded as follows:—

Total Number of samples	Provisional Grades			
	Grade 1	Grade 2	Grade 3	Grade 4
24	21 (87.5%)	3 (12.5%)	—	—

In the early part of the year a firm selling automatic food vending machines tried to persuade many Wakefield shop keepers to invest in soft serve ice cream machines. As soon as this was known all trade associations were asked to advise their members that the use of such a machine would be regarded as the manufacture of ice cream and the premises would have to meet the requirements imposed on ice cream dairies. The trades associations appreciated the advice and readily co-operated, with the result that only one shop had a machine installed and in this case the shop keeper soon realised that his turn-over was insufficient to warrant it and disposed of the machine. There is no doubt that the quantity of ice cream which has to be sold and the detailed cleansing routine required make these machines a difficult and expensive piece of apparatus for the average shop keeper.

The trend to soft service ice cream from the mobile selling points operated by the major companies continued and even where it is handled by experienced persons there is need for strict control of the cleaning routines to ensure that adequate precautions are taken.

The existing legislation is proving inadequate in controlling the manufacture and sale of ice cream and it would be helpful if it could be amended as follows:

- (1) The existing registration provisions under Section 16 of the Food and Drugs Act, 1955, should be varied so as to allow for the conditional rather than the absolute registration of premises for the manufacture and sale of ice cream.
- (2) The registration provisions under Section 17 of the Act should be extended so that the manufacture of ice cream mixes whether frozen or not is a registerable process.
- (3) Regulations should be made under Section 21 of the Act requiring the licensing of vehicles, stalls and places other than premises used for manufacture, storage or sale of ice cream.

WAKEFIELD CORPORATION ACT, 1938

Section 110

Registration of Food Preparation Premises

Premises used or intended to be used for the preparation or manufacture of sausages or potted, pressed, pickled or preserved meat, fish or other food for sale, are required to be registered under the abovementioned Act.

The number on the Register at the end of 1962 was 48.

SLAUGHTERHOUSES

One of the two private slaughterhouses now meets the requirements of the new legislation, whilst at the other the works still outstanding are of a minor nature.

The City Abattoir has not been changed in view of its early replacement, but the standard of hygiene and management has been maintained at a very satisfactory level.

The Minister of Agriculture, Fisheries and Food accepted the Slaughterhouse Report and set 1st January, 1963 as the appointed date for Wakefield.

Slaughter of Animals Act, 1933 to 1954

A total of 32 licences to slaughter or stun animals was issued during 1962. 28 of the licences were renewals and 4 were new licences.

Number of Animals Slaughtered in the City during 1962

The incidence of disease amongst food animals continues to decrease and it is now becoming increasingly difficult to find diseased meat to show to inspectors who are training to become qualified as inspectors of meat and other foods.

A one hundred per cent meat inspection service has again been achieved.

<i>Animals</i>		<i>Borough Slaughterhouse</i>	<i>Private Slaughterhouses</i>	<i>Total</i>
Cows .. ..	..	1132	3	1135
Heifers .. ..	..	386	3	389
Bulls .. ..	..	5	0	5
Bullocks .. ..	..	2487	611	3098
Calves .. ..	..	149	1	150
Pigs .. ..	..	5286	8010	13296
Sheep .. ..	..	13161	2382	15543
		<hr/>	<hr/>	<hr/>
		22606	11010	33616
		<hr/>	<hr/>	<hr/>
Total ..		33616		

A total of 33,616 animals was slaughtered in 1962, compared with 35,044 in the previous year, a decrease of 1,428.

Carcases and Offal Inspected and Condemned.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	3492	1135	150	15543	13296	—
Number inspected	3492	1135	150	15543	13296	—
All diseases except Tuberculosis and Cysticerci.						
Whole carcases condemned ..	1	4	4	4	34	—
Carcases of which some part or organ was condemned ..	169	196	—	11	294	—
Percentage of the number in- spected affected with dis- ease other than Tuberculo- sis and Cysticerci	4.86	17.62	2.66	0.096	2.47	—
Tuberculosis only.						
Whole carcases condemned ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ..	1	1	—	—	21	—
Percentage of the number inspected affected with Tuberculosis	0.029	0.088	—	—	0.158	—
Cysticerci.						
Carcases of which some part or organ was condemned ..	5	2	—	—	—	—
Carcases submitted to treat- ment by refrigeration ..	5	2	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

Inspection of other Food

<i>Food</i>						<i>tons</i>	<i>cwt.</i>	<i>qtr.</i>	<i>st.</i>	<i>lb</i>
Bacon	..	..	..	..	..	—	2	2	1	1
Cheese	..	..	..	..	..	—	—	1	0	13
Chestnuts	..	..	..	..	..	—	6	0	1	2
Coconut	..	..	..	..	..	—	—	1	0	9
Cress	..	..	..	..	..	—	—	3	0	11
Fruit Salad	..	..	..	..	..	—	—	—	—	4
Grapes	..	..	..	..	..	—	1	2	0	12
Ham	..	..	..	..	..	—	1	0	0	3
Kidneys	..	..	..	..	..	—	—	1	0	8
Kippers	..	..	..	..	..	—	—	1	0	12
Oranges	..	..	..	..	..	—	—	2	1	11
Pears	..	..	..	..	..	—	1	1	1	12
Potatoes	..	..	..	..	..	1	14	2	1	4
Rabbits	..	..	..	..	..	—	—	1	0	7
Tangerines	..	..	..	..	..	—	—	—	1	10
Tomatoes	..	..	..	..	..	—	—	2	1	2
Tongue	..	..	..	..	..	—	—	—	—	4

2 11 2 1 13

Canned Food

						<i>Tons</i>	<i>cwt.</i>	<i>qtr.</i>	<i>st.</i>	<i>lb.</i>
Meat	..	..	..	..	1025	1	10	2	0	4
Milk	..	..	..	..	85	—	—	2	0	12
Vegetables	..	..	..	..	1205	1	7	0	1	9
Fruit..	..	..	..	..	2332	—	19	3	0	1
Fish ..	..	..	..	..	67	—	—	1	1	1

4714 3 18 1 1 13

Total 4714 6 10 0 1 12

Disposal of Unsound Food

Unsound meat and offal from the City Abattoir and private slaughterhouses is sold to a contractor whose premises are situated outside the City where it is processed for animal feeding stuffs.

Fertilisers and Feeding Stuffs Act, 1926

A total of 16 samples of Fertilisers was taken in the manner prescribed by the Act during 1962. Twelve of the samples were reported by the Agricultural Analyst to be of satisfactory composition.

In the case of the four unsatisfactory samples, the irregularities were of a minor nature and appropriate letters were sent to the manufacturers.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

A total of 10 samples has been submitted to the Prescribed Analyst under the Act during 1962. The Analyst reports that all the samples complied with the requirements of the Act.

The following registrations, etc., were effected during 1962.

Number of licences issued to manufacture rag flock ..	1
Number of premises registered where rag flock is used in connection with the business carried on	1
Total number of premises on register	5

CLEAN AIR ACT, 1956

Work in reducing the amount of atmospheric pollution over the City continued, and by the end of the year the following smoke control orders had been made.

<i>Title</i>	<i>Date made by Council</i>	<i>Date confim'd</i>	<i>Date of opera- tion</i>	<i>H'ses</i>	<i>Oth'r Prem- ises</i>	<i>Acres</i>
Central No. 1 ..	1.12.59	31.3.60	1.10.50	96	174	23
Central No. 2 ..	11.4.61	22.9.61	1.7.62	122	147	37.75
Alverthorpe No. 1	3.10.61	29.1.62	1.9.62	189	10	130.5
Kettlethorpe No. 1	3.10.61	29.1.62	1.9.62	1	2	61.6
Eastmoor No. 1 ..	1.5.62	31.7.62	1.4.63	—	—	4
Sandal No. 1 ..	31.7.62	12.11.62	1.11.63	373	5	353

A further order, Sandal No. 2, had been prepared and awaited confirmation by the City Council before being submitted to the Minister of Housing and Local Government. This order covers 616 acres and includes 1,312 houses and 10 other premises.

All of the orders listed in the table above have been confirmed without objection or modification.

At the request of the Minister of Housing and Local Government the Council considered the possibility of accelerating the clean air programme and it was decided that the target date should be brought forward to 1977. To enable this to be achieved the Committee recommended that two additional public health inspectors should be obtained. So far no action has been taken on this recommendation and it must be emphasised that the new target date cannot possibly be achieved unless the necessary staff is provided.

In March, 1962, the first prosecution in Wakefield for emitting smoke in a Smoke Control Area was taken and the defendant was fined £2. Later in the year one further case was taken, the defendant being fined £5.

The National Society for Clean Air held their annual conference at Harrogate in October and invitations were extended to all womens' organisations within the City to send representatives to a special ladies' session. In preparation for this the Public Health Inspectors addressed six meetings on the subject of "Clean Air".

One problem which the establishment of smoke control areas raised was the disposal of the afterbirth in the case of home confinements. Arrangements have been made for the midwives attending all home confinements in smoke control areas to be provided with opaque waterproof bags in which the placenta and dressings could be sealed. These are then collected and disposed of in a hospital incinerator. I am grateful to the Hospital Management Committee No. 9 Wakefield A Group for co-operating with this Department in this matter.

The Council joined the Clean Air Information Service of the College of Fuel Technology during 1962 and so gained access to a technical library and expert advice on all technical matters appertaining to fuel technology and boiler management.

On the industrial side of clean air the improvement and modernisation of boiler plant within the City continued. Ten notifications of intention to instal new boiler plant were received. There were no applications for prior approval of boiler plant. Of the new plants seven proposed to use solid fuel and three oil.

The methods used in measuring atmospheric pollution were reviewed during 1962, and after discussions with representatives of the Warren Spring Laboratory of the Department of Scientific and Industrial Research, it was decided to discontinue the use of the standard deposit gauge and the lead peroxide method of measuring sulphur dioxide. To ensure adequate coverage of the City an additional volumetric apparatus was obtained and the existing ones reviewed. The sites of these have been changed in some cases so that they now coincide with the sites used in the National Survey. This, although it prevents any comparisons being made this year, will allow for easier comparisons with national averages in the future.

In Table I, the first three columns (Stations Nos. 12, 13, 14) are those where the apparatus was resited. No. 12 moving to No. 20, 13 to 18, 14 to 19, whilst No. 21 is the new station.

ATMOSPHERIC POLLUTION

Thirty-two smoke observations were made during the year. In three cases smoke as dark as or darker than Ringelmann Shade 4 observed, in two cases smoke as dark as or darker than Ringelmann Shade 3 observed, and in seven cases smoke as dark as or darker than Ringelmann Shade 2 observed. In the other twenty cases the smoke observed was less than Ringelmann Shade 2.

TABLE I
Result from Volumetric Sulphur Dioxide and Air Filter Apparatus

National Survey Classification of Site	C.1				C.2		A.2		D.1.E		B.3		B.3					
	Pinder- fields (12)		Public Health Laboratory (13)		Snape- thorpe Hospital (14)		Power Station (15)		Double Two Shirt Co. (17)		Stanley Street (20)		Public Health Dept. (18)		Hall Road (19)		Kettle- thorpe (21)	
	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M	Smoke mg/ Cu.M	S.O2 mg/ Cu.M
Month																		
January ..	335	288	269	337	180	219	359	343	178	179	—	—	—	—	—	—	—	—
February ..	134	162	160	206	143	148	166	186	161	106	—	—	—	—	—	—	—	—
March ..	261	217	278	347	240	296	307	247	178	174	—	—	—	—	—	—	—	—
April..	—	—	—	—	—	—	114	148	—	—	—	—	—	—	—	—	—	—
May ..	—	—	—	—	—	—	180	128	93	125	165	180	90	175	134	179	99	125
June ..	—	—	—	—	—	—	206	153	72	96	118	133	84	126	94	113	72	88
July ..	—	—	—	—	—	—	111	78	80	97	137	134	81	130	136	123	72	104
August ..	—	—	—	—	—	—	240	158	50	32	140	128	106	129	97	98	92	75
September ..	—	—	—	—	—	—	211	191	97	145	245	202	184	209	226	181	130	122
October ..	—	—	—	—	—	—	338	262	211	187	423	277	261	292	403	238	195	158
November ..	—	—	—	—	—	—	502	470	280	354	563	451	441	486	568	446	219	277
December ..	—	—	—	—	—	—	494	617	230	452	617	677	618	874	467	776	209	445
Total ..	730	667	707	890	563	663	3228	2980	1630	1947	2408	2182	1865	2421	2125	2154	1088	1404
Average ..	243	222	236	296	188	221	269	248	148	177	301	273	233	303	266	269	136	175

RODENT CONTROL

Number of inspections made	..	..	2809
Operations at business premises	..	..	137
Operations at private dwellings	..	..	125
Operations at Corporation premises	..	..	41

VERMINOUS PREMISES

Hydrogen Cyanide Fumigation

During 1962 the following work in connection with the disinfestation of houses found to be infested with bed bugs was carried out:—

Number of municipal houses fumigated	..	4
Number of privately owned houses fumigated	..	Nil

All houses were disinfested by the application of Hydrogen Cyanide Gas undertaken by a firm of specialists in this work.

Spray Disinfestation

Municipal houses	..	..	..	..	31
Other than Municipal Houses	..	..	..	..	19

CLOSET ACCOMMODATION

The number of sub-standard closets at the end of 1962 was:—

Trough Closets	..	..	..	..	19
Privy Middens	..	..	..	..	7
Pail Closets	..	..	..	..	—
Chemical Closets	..	..	..	..	4

A total of 285 water closets has been installed in new and existing properties during 1962.

REFUSE STORAGE ACCOMMODATION

Wakefield Corporation operate a bin replacement scheme and levy an annual charge (3/- per annum) along with the general rate.

As and when a notice is served requiring the provision of an ashbin the property is brought within the scheme.

Total number of ashbins on maintenance at the end of 1962	..	..	..	..	8242
Number of ashbins renewed at properties under the maintenance scheme during 1962..	..	..	..	..	307

OFFENSIVE TRADES

Offensive Trades on the Register at the end of 1962

<i>Trade.</i>	<i>Number.</i>
Tripe Boiling	1
Rag and Bone Dealing	1
Total	2

CANAL BOATS

The number of canal boats inspected during 1962 was 3, and the boats inspected were occupied by 5 persons (5 adult males.) No infringements were found during the year, all the boats complying with the requirements of the Act and Regulations.

The total number of boats on the register is 2, the same as last year.

WAKEFIELD CORPORATION ACT, 1938

Section 154

Registration of hairdressers' and barbers' premises.

The number on the Register at the end of 1962 was 89 (an increase of 4).

• FACTORIES ACT, 1937

During the year two notices were received from H.M. Inspector of Factories reporting contraventions of the Act.

Outworkers (Section 110)

Notifications were received of 8 persons employed as outworkers. Inspections were made at the premises in which the work was executed and they were found to be clean.

I. INSPECTION OF FACTORIES.

<i>Premises</i>	<i>Number of</i>			
	<i>Number on Register</i>	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	9	15	—	—
Factories not included in (i) in which Section 7 is enforced by the Local Authority.	359	53	9	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	52	—	—	—
Totals	420	68	9	—

II. CASES IN WHICH DEFECTS WERE FOUND.

<i>Particulars</i>	<i>Number of cases in which defects were found.</i>				<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary conveniences	—	—	—	—	—
(a) insufficient	9	5	—	2	—
(b) unsuitable or defective	—	—	—	—	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork).	—	—	—	—	—
Totals	9	5	—	2	—

III. OUTWORK

Nature of Work	No. of outworkers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prosecu- tions
Wearing Apparel— Making, etc., Cleaning and Washing ..	8	—	—	—	—	—
Total ..	8	—	—	—	—	—

ANNUAL REPORT OF THE CITY ANALYST FOR 1962

The following is a summary of the analyses made during 1962:—

Food and Drug Samples	..	..	..	179
Fertilisers and Feeding Stuffs	..	..	..	16
Atmospheric Pollution	..	..	..	18
Water Samples	..	..	..	6
Water for Radioactivity	..	..	..	12
Miscellaneous	..	..	..	7
Total	..	..	..	238

The table on pages 79-83 summarises the articles submitted for analysis under the Food and Drugs Act, 1955.

The percentage of unsatisfactory samples was 20.4 per cent. compared with 15.5 per cent. in 1961 and 10.0 per cent. in 1960.

Milk

The average composition of the 54 samples analysed is shown in the table below, which, for comparison purposes, also shows the corresponding figures for 1961, together with the 1962 figures for Leeds and the minimum composition required by the Sale of Milk Regulations, 1939:—

	<i>Wakefield</i>		<i>Leeds</i>	<i>Minimum Legal Require- ment</i>
	1962	1961	1962	
Number of samples	54	28	2,474	
Solids-not-fat ..	8.53%	8.71%	8.76%	8.50%
Fat	3.44%	3.52%	3.77%	3.00%
Total solids.. ..	11.97%	12.23%	12.53%	11.50%

Eleven of the 54 samples of milk were classified as unsatisfactory. Ten of these (showing fat deficiencies varying between 3.0 per cent and 36 per cent) were accounted for by samples obtained from two producers of farm-bottled milk. Follow-up samples proved that no deliberate adulteration was involved, since the milk was in the same state as it came from the cow. Whilst this is an adequate defence in Law, it is not of much consolation to the housewife who pays extra for farm-bottled milk presumably in the belief that it is superior to the bulk pasteurised milk obtainable from the large dairy companies.

The remaining unsatisfactory milk, submitted as a complaint by a member of the public, was found to contain no less than 60 per cent of added water and showed a corresponding fat deficiency. The presence of a large amount of hypochlorite in the sample strongly suggested that the dairy plant had not been flushed free from this sterilising solution, before commencing filling the cartons.

Foods other than Milk

Seven of the 126 samples of food other than milk were found to be unsatisfactory, details being as follows:

■ *Bread Roll* the outer surface of which appeared soiled was submitted by the purchaser, who suggested that the contamination was due to cigarette ash. Microscopical examination of particles scraped from the surface of the roll proved them to be ash of a vegetable origin, but the microscopical appearance was quite different from that of cigarette ash. The precise origin could not be established. A sample of *Bread*, also submitted by a member of the public contained a small piece of dirty dough.

Chicken Fritters consisted of a mixture of chicken (25 per cent), potato and cereal filler, the shape and appearance resembling a rissole or fish cake. The description "Fritter" for such a product was considered to be misleading, since it implies whole pieces of meat or fruit coated in batter. It was also considered that the meat content of the article was too low, and should have been at least 35 per cent.

Two *Table Jellies* (of the same brand) failed the setting test prescribed by the Food Standards (Table Jellies) Order, 1949. After themselves testing other jellies of the same batch the manufacturers admitted the defect, which they attributed to a breakdown of the gelatine due to the jelly being held at a high temperature for too long a time before filling and cooling.

Mid-way through the year the Table Jellies Order was revoked. Why it should suddenly be decided that standards are no longer necessary for Table Jellies is not clear, and in your analyst's opinion is a retrograde step.

Potted Meat. In many parts of the country this commodity is expected to contain not less than 95 per cent meat. In the West Riding, and some other parts of the North of England, a more

easily spreadable product containing about 80 per cent meat is customary (although one sample submitted during the year contained 100 per cent meat). 70 per cent meat is considered by your analyst to be the absolute minimum that can be accepted as satisfactory, and accordingly a sample containing only 55 per cent was reported as being deficient in meat content.

A *Beef Sausage* contained only 47 per cent meat compared with the generally accepted minimum of 50 per cent.

Drugs

The five samples submitted during the year all proved satisfactory.

Fertilisers and Feeding Stuffs Act, 1926

Sixteen fertilisers, but no feeding stuffs, were received for analysis under the above Act, of which four showed greater variations than permissible from the Statutory Statements. One of these was an excess (not to the prejudice of the purchaser), the other three being small deficiencies of potash, nitrogen and insoluble phosphoric acid in compound fertilisers.

Atmospheric Pollution

The measurement of atmospheric pollution using deposit gauges and lead peroxide cylinders was discontinued at the end of March, on the advice of the Department of Scientific and Industrial Research.

Water Analysis

Six samples of water from the public supply were analysed, two of which contained excessive quantities of iron (19.7 and 0.8 parts per million respectively). The normal level is about 0.1 parts per million, and complaints of unpleasant appearance and flavour commonly arise when the iron content exceeds 0.3 parts per million.

In view of the renewed interest towards the end of the year in the fluoridation of public water supplies, the fluoride content of the City water was determined and found to be 0.12 part per million. The optimum level for the prevention of dental caries in children is 1.0 part per million.

Radioactivity

A sample of the City water is taken each week and the radioactivity is determined monthly on the bulked samples.

In the early months of the year the level of activity was high (by comparison with previous years) due to fall-out resulting from the Soviet nuclear tests carried out in the Autumn of 1961. Natural radioactivity decay caused a steady decrease in the level of activity between March and August, but renewed Russian tests in the Autumn of 1962 again reversed the trend. The average level of radioactivity throughout 1962 was 13.9 picocuries per litre, compared with 3.6 and 3.7 picocuries per litre in 1960 and 1961, respectively. It should be emphasised that the greater part of this activity was composed of relatively harmless isotopes, and the content of strontium-90 amounted to only a fraction of the accepted safe limit.

Miscellaneous

Two samples of disinfectant fluid were submitted for comparison purposes. One proved to contain 5.0 per cent, and the other 15.0 per cent of formaldehyde.

Three samples of ammonia and two phenolic disinfectants were submitted under the Pharmacy and Poisons Act, 1933. The strengths of all five samples were such that they constituted Part II Poisons.

Conclusion

It is once again a pleasure to express my gratitude to my Deputy, Mr. L. A. Perkin, for his assistance in the various problems involved in the above work, and to the Chief Public Health Inspector, Mr. W. B. Twyford, and his Deputy, Mr. R. Sharp, for their most helpful co-operation throughout the year.

R. A. DALLEY, F.R.I.C., *Public Analyst.*

SEWERAGE AND SEWAGE DISPOSAL

All the sewage from the City together with a certain amount from adjoining districts, is given full treatment at the Calder Vale Sewage Disposal Works, Wakefield, which were last modernised in 1936.

The treatment consists of sedimentation tanks, bio-aeration units, gravity filter beds and humus tanks. The effluent discharges into the River Calder and is regularly examined by the Chief Inspector's Department of the Yorkshire Ouse River Board. The Inspector's reports are invariably "satisfactory" or "good".

In October, 1962, a letter was received from the Medical Officer of Health of the Wakefield Rural District Council indicating that his authority had received a number of complaints from residents at Heath, Kirkthorpe, of offensive smells thought to be originating from the Calder Vale Sewage Works. The plant was visited with the Medical Officer of Health and the Chief Public Health Inspector of the Rural District Council, and the City Engineer, as a result the Rural District Council were assured by their officers that all possible action was taken to prevent nuisance arising.

The Corporation have in their Capital Works Programme, a scheme for further modernising of the Disposal Works by the construction of plant to deal with the sludge and it is proposed to make a start on this work during the financial year 1963/64. Once these works have been undertaken there should be no cause for any complaints of the type previously referred to.

WAKEFIELD WATER, 1962

(I am grateful to the Engineer and Manager of the Wakefield and District Water Board for this Report)

During 1962 the Board supplied water to 19,282 dwellings, housing 60,560* people in the City of Wakefield. All of this supply was direct to houses, none by means of a standpipe.

During the period under consideration the water supplied to the City has been satisfactory both in quantity and quality. It is most unlikely that this supply of water will have any plumbo solvent action and no difficulty has been experienced due to contamination by lead.

All the water coming into the City of Wakefield is treated at Ardsley Reservoir and at the Jaw Hill works, filtration and automatic chlorination being carried out.

The following system of examination was carried out during 1962:—

Samples were taken daily at 18 King Street in order to keep a check on the pH value of the water and also the free and combined chlorine residual present.

The pH of the water was between 7.0 and 7.4 throughout the year and due to the automatic chlorination at Jaw Hill a free chlorine residual was maintained at 0.05 to 0.1 p.p.m. and the total chlorine at 0.15 p.p.m.

Once a month a bacteriological test is taken by the Board at the Jaw Hill filter outlets at Snapethorpe Boosters and Hoptown Meter House. During 1962 these supplies were bacteriologically very satisfactory.

Every quarter, samples are taken for chemical and bacteriological examination at the following points:—

Jaw Hill outlet

Treated water at Jaw Hill

Mechanical Filters 1-21 at Jaw Hill

Mechanical Filters 1-5 at Jaw Hill

Mechanical Filters 6-9 at Jaw Hill

Ryburn Water at Ardsley

Ringstone water at Ardsley

21 in. outlet at Ardsley before chlorination

Snapethorpe Boosters

Hoptown Meter House.

In addition to these a sample is taken at 21 King Street for chemical testing and at the Public Health Laboratory for bacteriological testing.

The water entering supply was satisfactory bacteriologically and chemically.

Copies of all chemical and bacteriological analysis are sent to the Health Department.

If any contamination of water going into supply was found then another sample was immediately taken for a check result and in all cases the water was found to be satisfactory, the contamination having been introduced during sampling.

** This figure is the Registrar General's estimated figure for Midsummer, 1962.*

RESULTS OF CHEMICAL ANALYSIS OF WATER

	Raw Water from Ringstone Main collected at Ardsley			Raw Water from Ryburn Main collected at Ardsley			Water collected from Tap in 21 King Street, Wakefield		
	Dates of Examination			Dates of Examination			Dates of Examination		
	14 Mar.	6 June	24 Oct.	14 Mar.	6 June	24 Oct.	14 Mar.	6 June	24 Oct.
Total Solids	70	75	75	105	105	135	120	130	110
Mineral Matter	55	55	55	95	80	95	90	90	90
Chlorides as NaCl	22	26	18	30	34	26	25	31	25
Free Ammonia	0.38	0.26	0.29	0.26	0.16	0.04	0.02	0.08	0.03
Albuminoid Ammonia	0.13	0.03	0.13	0.06	0.04	0.11	0.14	0.08	0.11
Oxygen absorbed in 4 hours at 80° F.	0.50	0.20	0.15	0.25	0.10	1.20	0.25	0.20	0.30
Nitrous Nitrogen	.	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nitric Nitrogen	0.70	0.50	0.20	0.60	0.70	0.30	0.40	0.40	0.30
Total Hardness	22	20	22	34	38	48	56	54	50
Temporary Hardness	Nil	Nil	Nil	Nil	Nil	10	18	14	16
Permanent Hardness	22	20	22	34	38	38	38	40	34
Alkalinity in terms of CaCO ₃ to M.O.	Nil	Nil	Nil	Nil	Nil	10	18	14	16
Acidity in terms of CaO	5	7	2	Nil	Nil	Nil	Nil	Nil	Nil
pH Value	3.80	3.70	3.90	4.80	6.7	6.30	7.10	7.50	6.90
Colour — Hazen Units	15	Nil	Nil	Nil	Nil	10	Nil	Nil	5
Turbidity — Silica Scale	2	Nil	1	Nil	Nil	2	Nil	Nil	3
Manganese as Mn.	0.29	0.22	0.15	0.41	0.38	Nil	Nil	Nil	Nil
Iron as Fe.	0.94	0.53	0.79	0.09	0.05	0.93	Nil	Nil	0.14
Lead in Solution	..	..	..	..	..	..	Nil	Nil	Nil
Lead dissolved in 24 hours	..	..	..	..	..	..	Nil	Nil	Nil
Free Chlorine—Actual Free	..	..	..	..	..	..	0.02	0.03	0.16
Total including Chloramines	..	..	..	..	..	..	0.09	0.13	0.25

*Very slight trace (Results expressed in parts per million)

